death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEPTHEICATE OF DEATH

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
R STATE		7949MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. 1	No.07941
TH DEPT.	1.	PLACE OF DEATH O. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased fived. If institution; Residence of STATE) O. STATE (Where deceased fived. If institution; Residence of STATE) B. COUNTY Frederick B. COUNTY	before admissions
(M)	l l	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give add give regress long) Colomostonic RURAL T 94000 (If outside carporate limits, write RURAL ond give RU	neorest lown)
_i X	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM? YES 1 NO
		NAME OF DECEASED (Type or print) Rosa Baker 4. DATE OF DEATH Joseph ST. S. D. C. D.	196/
	7	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED May 27/892 Legy birthday) Months Days	
T	100	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (1. BIRTHFLACE (State or foreign country) during most of working life, even if peried) Loude live and the state of the st	OF WHAT COUNTRY?
)3.	Bargaman 7 Roberson Main Flores	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wer or delex of service) (If yes, give wer or delex of service) (If yes, give wer or delex of service)	stown \$2
		IMMEDIATE CAUSE (a) Library Sheambosis	TERVAL BETWEEN NSET AND DEATH
		Conditions, if any, which gove rise to immediate course (a), stating the underlying cause tast. (c)	
	CATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19, WAS AUTOPSY PERFORMED? YES NO
0	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF OF OCONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)	
	MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) While Not while of work at work	(Stote)
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	, and in my
		opinion death resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined man	ner 🔲
2		ACTUAL SIGNATURE OF STREET MEDICAL EXAMINER []	DATE SIGNED
2		EXAMINER'S B. O. Thomas, M.D. DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY DEPUTY DEPUTY MEDICAL DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY D	961
	220	o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial 7/11/61 Monocacy Beallsville, Md	(State)
Q.,	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT	
100	Ē	William C. Afella Dernisola DATE III 14'611 Cultur 8 9	Leader

No office the remonder 197174 former MARYLAND STATE DEPARTMENT OF HEALTH

hours after

executed within 24

certificate

death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7957 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission e. COUNTY b. COUNTY Frederick Maryland MARYLAND Frederick b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town Frederick mo. Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Frederick Maryland. YES NO Montevue NAME OF First Middle 4. DATE Month Dev Yes DECEASED DEATH (Type or print) July 19 30 61 Anna Elizabeth Britten 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months Hours White Female WIDOWED DIVORCED Feb.17.1890 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Housewife Housework Johnsville, Maryland. II.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Mary Margaret Smith Funk WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(Ifyesgive werordeles of service) J.Edgar Britton, Route #5, Frederick, Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 mice IMMEDIATE CAUSE (e) DUE TO eny, which gave rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. .19.6..., and that death occured at ... 2241 Afrom the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) North Market St. Frederick, Maryland. H.F. Kline.Sr. M.D 23d, LOCATION (City, town or county) 230. BURIAL, CREMATION, 236. 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Frederick, Maryland

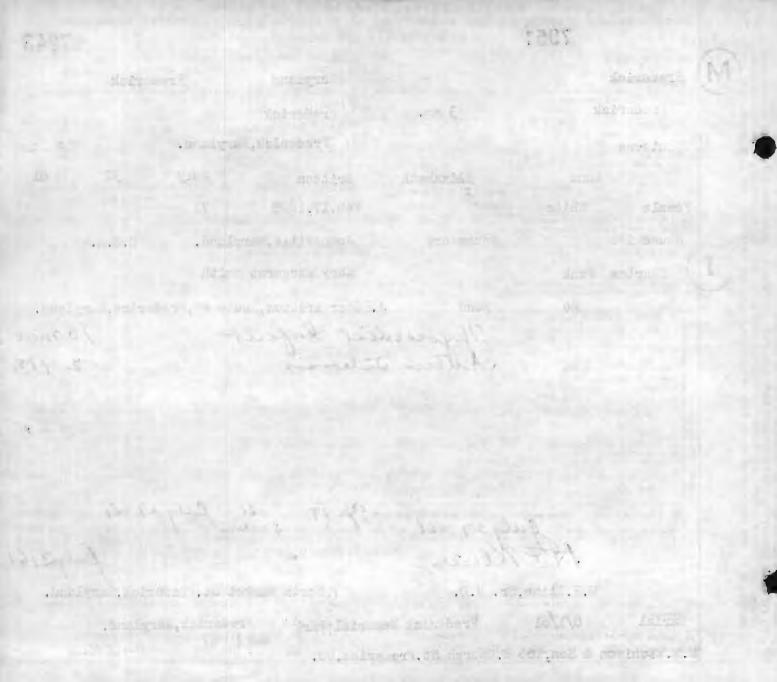
256. REGISTRAR'S SIGNATURE

arthur & through

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

M.R. Etchison & Son, 106 E. Church St. Frederick. Md.



STATISTICAL RESEARCH AND RECORD PRESTON STREET, BALTIMORE 1, MARYLAND 31/61 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Frederick MARYLAND Maryland 4 te Frederick by # c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest lown 24 Lifetime Frederick E ' Frederick ages within ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS College Place College certificate be executed 3. NAME OF Dev First Middle Month complete DECEASED Clarence Bussard July DEATH (Type or print) and con 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years | IF UNDER I YEAR | 5. SEX B. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED Male 2-7-1883 78 White physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired Farm Implement Dealer Frederick County, Maryland U.S.A. 13. FATHER'S NAME death ding Joseph Hanson Bussard Susan Catherine Angell ā aften Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address PHYSICIAN: The law requires that the (Yes, no, or unkown) (Ifyesgivawarordatasofservice) ending physician. been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit **DUE TO** ed by the hospital or attending After this certificate has been si Conditions, if any, which (b) gava risa to immediate cause DUE TO (a), stating the undarlying cause last. (c) the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED prior for use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER detached WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) ATTENDING 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. o. at work at work DIRECTOR: 21. I certify that (I) (this hospital), atlended the deceased from 1952 to Jest 2 2 19 6/, that (i) (we) last 3 19. and that death occured at 34M, from the causes and on the date stated above. plnous saw the deceased alive on 22a. SIGNATURE ATTENDING DIRECTOR PHYS. Z M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type FUND Thomas. 228 North Market Street Frederick. Md. 'ector, Peli 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0:53 Buried July Mt. Olivet Cemetery Frederick Md. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE JUL 2 6 '61 arthur S. France Frederick. Maryland 15M 9/60 Robert E. Dailey & Son

RYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO

> 61 19

Yes

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED? NO F

(State)

22b. DATE

(State)

SIGNED

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CERTIFICATE OF DEATH 7953 Rea. Dist. No the funeral director, should be filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lawn) e IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? M. OR INSTITUTION YES NO T 4. DATE Day Year NAME OF First Middle Cost Month DECEASED DEATH 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years B. DATE OF BIRTH 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours WIDOWED [DIVORCED carbon papers. after death. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME haurs remave 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (9) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate **DUE TO** cattse (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINERS 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) factory, street, office bldg., etc.) Haur a. m. While Nat while at work at work p. m 21. I certify that I attended the deceased from 9 19/0/ that I last saw the deceased and that death occurred at 111 32 PM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) FUNER 22d. LOCATION (City, tawn, ar county) 220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY (State) REMOYAL (Specify) 24b. REGISTRAR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE Circling S. Thous VS A15 (4) 15M 9/55



I director, filed with deoth. Poge PLACE OF DEATH o. COUNTY MARYLAND Frederick b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 å RURAL and give nearest town) bleade Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital 3. NAME OF Middle DECEASED (Type or print) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White Male DIVORCED WIDOWED | Minister--Retired 13. FATHER'S NAME remove cort Clutter Samuel 17 INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. offending CAUSE OF DEATH [Enter only one cause per Jimy for (o), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. buriol 20s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not while ot work ot work p. m. 21 I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 1961 detoch RECTOR: 220 SIGNATURE M D PHYS 22c PHYS CIAN'S NAME (Type) Pearre. M. poge 3 the Stot 230 BURIAL CREMATION 236 DATE THEREOF REMOVAL (Specify) <u> 1961</u> Burial 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Winfield. Maryland VR A15 (4)

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence I **6 COUNTY** Maryland Carroll c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy e. IS RESIDENCE d. STREET ADDRESS ON A FARM2 711 N. Main Street YES 🔲 NO 🔀 4. DATE Month Year OF DEATH 196, 9. AGE (In years (ast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours October 15,1882 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania U. S. A. 14. MOTHER'S MAIDEN NAME Margaret Vance Address Mr. Charles W. Clutter, Mt. Airy, Md. INTERVAL BETWEEN ONSET AND, DEATH o da PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 12 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Fort II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) 19.6 /, that (1) (we) last M, from the causes and an the date, stated above , and that death accurred at! 22th DATE SIGNED ATTENDING DIRECTOR -22d. ADDRESS 23c NAME OF CEMPTERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) Reformed Churchoof Mahwah. Bergen Co. 256 REGISTRAR'S S GNATURE D BY REGISTRAR arthur & House C. M. Waltz. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decased lived, if institution: Residence before admiss on) .. COUNTY Frederick Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporate I m.ts, c. LENGTH OF STAY N 16 c. CITY OR TOWN (if outs'de corporate limits, write RURAL and give nearest town) Braddock Heights Buckeystown d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospita, give straet address) .d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Vindobona Convalescent & Rest Home YES 📉 NO 🗌 3. NAME OF 4. DATE Month Yaar DECEASED OF (Type or print) DEATH SARAH MAUDE DERR 19 61 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (In years | IF JNDER) YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH HO birthday) and Months Female Dec 1880 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Givs kind of work 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) At Home USA Maryland House-work 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME David H. Roelkey Martha A. Renn ᇻ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Addrass (Yas, no, or unkown) (If yes giva war or datas of servica) (Same as item #2) Mrs. Dorothy D. Remsburg 18. CAUSE OF DEATH [Enter only one cause per tra for (a), (b,, and (c). NTERVAL BETWEEN host dislace ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions, if any, which " gave rise to immediate cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? NO . DESCRIBE HOW INJURY OCCURED. (Enter native of injury in Part I or Part il of tem 18) ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Homa, form, ; 20f. (City or town) (Stata) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., atc.) While Not Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. Mu and that death occurred at 50% from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNATUR July 1961 SIGNED ATTENDING. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Charles Conley N. Market St., Frederick, Maryland 238. BURIAL, CREMATION, | 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) BUTIAL (Spacify) 04047 St. Luke's Cemeterv Feagaville, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] M. R. Etchison & Son, Frederick, Maryland 15M 9/60 DATE .!!! Ciriling of Throng

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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Frederick the d 2 ath. Frederick MARYLAND b. CITY OR TOWN (if outs da corporate limits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate) mils, write RURAL and give neerest town) write RURAL and give nearest town)
Frederick vears Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Wynell Nursing Home YES NOT 170 West Patrick Street 3. NAME OF Month M.ddle DECEASED OF July 26. (Type or print) DEATH 19 61 D4 1.1 Mamile and co 6. COLOR OR RACE TO MARRIED NEVER MARR ED AGE Un years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last b rthday) Months Days Hours Female Whi.te WIDOWED [DIVORCED July 25 hysician 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Retired Practical Nurse Frederick County, Maryland U.S.A. attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Adam Dill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 1521 South Fairview Avenue (Yes, no, or unkown) (Ifyesg vewerordalesofservice Mr. LeRoy Grove Park Ridge, Illinois None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter on y one cause per luge for (a), (b), end (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which has been burial-f gave risa to immediate cause DUE TO (a), stating the underlying the PART II. OTHER S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO T 200. ACCIDENT WAS UNDERLY NG] OF CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED , Enter nature of in ury in Part I or Pert I of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER Month, Dey, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. IC by or town) (County) (State) 20c. TIME OF INJURY fectory, street, off ce b dg , etc. Not While Hour am. While et work et work CIOR: hele 26 , 196/, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from. ., and that death occured at AM, from the causes and on the date stated above. saw the deceased alive on. may b 22b. DATE -1961 SIGNED 220. SIGNATURE ATTENDING PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) A. Austin Pearre L East Church Street Frederick. Marylan O. FUN 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) REMOVAL (Specify) \$ 0 \frac{1}{2} & Frederick. Burial Mt. Olivet Cemetery Maryland 258, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 24 PUNERAL DIRECTORY VR A15 (4) DATEJUL 2 15M 9/60 Frederick, Maryland Robert E.

certificate be executed

attending

PHYSICIAN: the hospital or

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. 039 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY -MARYLAND b. CITY OR TOWN III outside corporate limits, write c. LENGTH OF STAY IN 15 c. C(TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE STREET ADDRESS -OR INSTITUTION YES NO 14 NAME OF First Middle 4. DATE Lost Month DECEASED OF (Type or print) 9. AGE (In years lost birthday) IF UNDER LYEAR IF UNDER 24 HPS 5 SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH Months Doys WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Store Kuper-own busi K. 54. 14. MOTHER'S MAIDEN NAME ofter 13. FATHER'S NAME CO remave 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). BAMMAN **DUE TO** Conditions, If any, which) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f, (City or town) 20d INJURY OCCURRED (Stote) Day, Year (County) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that I attended the deceased from Marker 19.33, to 1/2 195 that I last saw the deceased and that death accurred at _______, and the causes and an the date stated above. alive an ... ADDRESS (Street, city or town, state) AETUAL LOGOGIATMUY PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arillar S. Thank VS A15 (4) 15M 9/55

RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 07950 Frederick b. COUNTY B IS RESIDENCE YES NO Month 16 IF UNDER 1 YEAR IF UNDER 24 HRS plast birthday) Months Doys Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A Address 38 Lincoln apt INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

(County)

_, 1962, that I last saw the deceased , 19.64..., and that death occurred at 11.45. M, from the causes and an the date stated above. DATE SIGNED

22d, LOCATION (City, fown, or county)

(Stote) Maryland

(State)

24b. REGISTRAR'S SIGNATURE arthur S. Thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS ALTOPSY

(State)

DATE SIGNED

(Stote)

PERFORMED? YES NO NO

12. CITIZEN OF WHAT COUNTRY?

Day

Days

(County)

Months

YES NO NO

Year

196



RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH b. COUNTY rederick a. COUNTY Frederick Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURA, and give nearest town) Frederick-Rural RD#L Frederick-Rural RD#L Life d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) STREET ADDRESS Feagaville Feagaville law requires that the death certificate be executed NAME OF M ddla DATE Month Last paper 3 72 DECEASED (Typa or print) HARRY MILTON FEAGA DEATH and cor 6. COLOR OR RACE T. MARRIED W NEVER MARR ED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) 13 March 1886 DIVORCED T Male White WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 B RTHPLACE County & State, or fore gn country) dona during most of working life, even if ratirad) Feagaville, Md. Retired-Owner Grocery Business 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending pl Elizabeth Unglebower Charles E. Feaga 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) 218-30-9776 Mrs. Maude R. Feaga (Same as item #1) No 18. CAUSE OF DEATH [Enter only one cause per line for .a), (b), and (c). Myscardial Dufarct PART ., DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava risa to Immadiata cause **DUE TO** (a), stating the undarlying Fe ha PART I. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of nury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bidg., etc.) Hours a m While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. ATTENDING 22a. SIGNATURE DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) H. F. Kline, M. D. Market St., Frederick, Md. 5 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) Feagaville, Md. 7-21-61 Lutheran Cemetery 0 के क 25s, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) M. R. Etchison & Son, Frederick, Md.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

 As residence ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

Year

Day

19.

USA

(County)

Chilling S. Kruns

DATE JUL 2 1 '61

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO T

(State)

22b, DATE

(State)

20 July 1961 CNED

July

Months,



VR A1S (4) 1SM 9/59

7962

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

67954

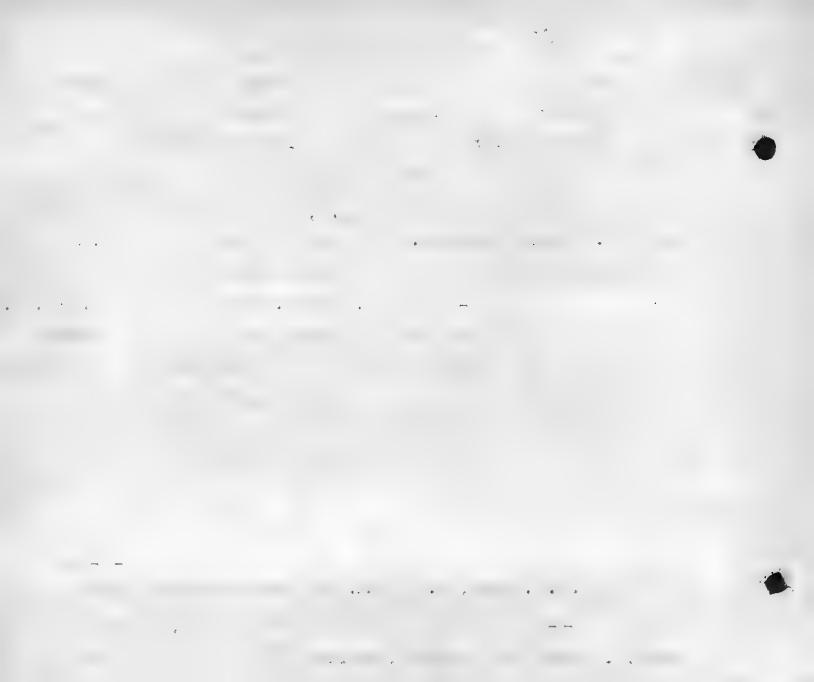
1. PLACE OF DEATH				[2. USUAL RESI	DENCE (Wh	ere decease	d rived If institut		s before ad	mission)
o. COUNTY Frederick MARYLAND					o. STATE b. COUNTY Frederick						
b CITY OR TOWN	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
]	raddock Hei	ghts	Years		À E	Braddo	ek He	ights			
d NAME OF HOS	d NAME OF HOSPITAL (If not in hospital, give street address)			i i	d. STREET ADDRESS a IS RESIDENCE						RESIDENCE N A FARM?
OR INSTRUCTO	ley Inn Bra	ddock	Heights		1						NO P
3. NAME OF DECEASED	Fi	rst	Middle	:	Las	it	4. DATE	Mo	enth	Day	Yeor
(Type or print)	Ca	theri	ne		Fischer	•	OF DEATH	July	8.		19 61
S SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARR	ED 🔲 B	DATE OF BIRT	Н		9. AGE (In years lost birthday)		YEAR IF U	NDER 24 HRS
Female	White	WIDOWE	D DIVORCE	D .	June 6.	1894		67 yrs		Days Ho	UTS MIN
10a. USUAL OCCUPA during most of v	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTHPI	ACE (State	or foreign o	country)	12. CITIZ	EN OF WH	AT COUNTRY?
Inn Kee					Hune	ary			Uaj	5.A.	
13. FATHER'S NAME	**				14. MOTHER'S	MAIDEN N	IAME				
Joseph		gary)				Lzabet	h Bed	ner			
15. WAS DECEASED I	VER IN U. S. ARMED FOI	RCES? 16	SOCIAL SECURITY NO). 17 INI	FORMANT			Ad	dress		
No		 0	191-09-9145	Mr.	Hermann	Fisc	her	Braddock	Hgts.	Mary.	land
1B. CAUSE OF I	DEATH [Enter only one co	ouse per lin	ne for (o), (b), and (c)	·]							L BETWEEN
PART I. I	DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6	0}	Acu F	Co	rong	my 7	4 ves	in bost	9	ATT	114JFs
4	DUE TO					- {			•		
Conditions, is	ony, which	a)				,					
gove rise to couse (a), stati	immediate (,					•				
lying cause lo		c)									
PARY II	OTHER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM!	NAL DISEAS	E CONDITION G	IVEN IN PART	1(o) 19 W	AS AUTOPSY REORMED?
PART II											ON I
	WAS UNDERLYING IN	20b DESC	CRIBE HOW INJURY C	CCURRED	(Enter noture o	of injury in I	Port I or Pa	rt II of item 18.)			
U (IF EITHER, NOT	IFY MEDICAL EXAMINER										
ZOC. TIME OF IN			ALURY OCCURRED	20e PLA	CE OF INJURY i	Home, form	20F, (Cit	y or town)	(C	ounty)	(State)
The poor a.	10	While of world	Nat while	100	ary, 211001, 01110	e evely, are.	" i				
21 I certify	that (1) (this hospita	() attend	led the deceased	from	May 5	9 12	GL, ta	1,12	19.6	, that (I) (we) lost
	eosed olive on	1) 24	\$ \$196.1. onc					9-//		,	4 1 7
220 SIGNATURE	hil	0	7								32b DATE
	11/1/0	1. L	tone	A	ATTENDIN		ED RECTOR [STAFF PHYS		7/	S GNED
22c PHYSICIAN' NAME (Type		0-0-1			22d. ADDR	ESS				11	10/01
TVAME (Type	Dr. L. R. S	chool	man	M	D. 810	Toll	house	Avenue	Frede	rick,	Marylan
	TION, 236 DATE THERES	OF	23c NAME OF CEN	KETERY OF	CREMATORY		23d LOCA	ITION (City, tawn	ar county)	((Stote)
Burial	July 12-	1961	Union Ce	amete	ry		Bu	rkittsvi	lle- M	aryla	nd
24, FUNERALIDIRECT	OR'S SIGNATURE	1	ADDRESS				D BY REGIS		STRAR'S SIG	1.4	
Robert	E. Dailay &	Son	Frederic	ck, M	aryland	DATE J	UL 13	'61	Crithun S.	Firms	
£ .		_									



1		MARYLAND STATE DEPARTMENT OF HEALTH
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	7963 CERTIFICATE OF DEATH 07955
urs afte should	N)	1. PLACE OF DEATH a. COUNTY Frederick ABBYLAND 2. USUAL RESIDENCE (Where deceased fived, if institut on. Residence before edmission) b. COUNTY Frederick
24 hound in by the ser death		b. CITY OR TOWN (if outside corporate I mits, with RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest lown) Thurmont 32 yrs. ** Thurmont
within ed i		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Own Home 4. IS RESIDENCE ON A FARM? YES NO 7
nplete		3. NAME OF DECEASED (Type or print) Wilbur Ross Freeze Last 4. DATE Month Dey Yeer OF DEATH July 13 19 61
be ex and con arbon		5. SEX Male Mite Widowed Divorced July 17, 1897 5. SEX Months Deys Hours Min.
rtificate ysician a smove c		10e. USUAL OCCUPATION (Give kind of work down fredired) 10b. KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (County & State, or foreign country) 12. CHIZEN OF WHAT COUNTRY? 12. CHIZEN OF WHAT COUNTRY? 13. CHIZEN OF WHAT COUNTRY? 14. CHIZEN OF WHAT COUNTRY? 15. A.
h ce se ri		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
deat ding plea prod		Harry Freeze Clara Parrish
e affer Then loval, a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) (If yes give wer or detes of service) 218-30-9901 Mrs. Mary L. Freeze Thurmont, Md.
requires the physician. igned by the nsit permit, fron, or remition, o		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Conditions, if any, which) (b) CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH 12 Line 10 L
rattending plans been signed buriel-trans		gave risa to immediate cause (a), steting the underlying ceusa last. (c)
ICIAN spital o ifficate e as th or to bu		PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO GOOD ACCIDENT WAS UNDERLYING 1 20b. DESCR BE HOW INJURY OCCURED, (Enter neiture of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONDITIONS CONTRIBUTIONS CONT
PHYS the hou this cer I for us th pric		
DING ned by After i letached of Hea		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 et work et work
ATTEN COTOR IId be o		21. I certify that (i) (this hospital) attended the deceased from Nov
DIRE 3 shouth	N	226. SIGNATURE M. Francisco Brich M.D. ATTENDING MED. STAFF SIGNED
P. P. Page r, page		22c. PHYSICIAN'S NAME (Jype) M. Franklin Birely Thurmont, Maryland
death. O FUN director be filed		23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Spacify) 7-17-61 Blue Ridge Cemetery Thurmont, Maryland
VR A15 (4) 15M 9/60		Thurmont, Md. 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE: 1 8 '61 Cultur & Thurmont
	8	



1.	MARYLAND STATE DEPARTMENT OF HEALTH							
y I want		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND					
		7964 CERTIFICATE OF DEATH	07956					
after uneral hould	X	PLACE OF DEATH 1 tem 9 Film G292 0/7/61 iwk 2. USUAL RESIDENCE (Whata deceased lived, If inst	itution: Rasidunce before admission)					
ours the fun		Frederick MARYLAND S. STATE Maryland b. COUNTY	Frederick					
y y and	$^{\varkappa}$	write RURAL and give neerest town)	JKAL end give nearast lown)					
Hi 2 ed in affer		Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS	l e. IS RESIDENCE					
· 基础图		1205 Oakwood Drive	ON A FARM? YES NO X					
Post Post	3	NAME OF First Middle Lest 14. DATE Month	Dey Yeer					
mpler pape n 72		OF (Type or print) Thomas Austin Garner DEATH July	v 30. 1961					
exe con on I	5	SEX 6. COLOR OR RACE TO MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (In , 15 [IF	UNDER TYEAR IF UNDER 24 HRS.					
and and sarb		Moles Washington Discours Disc	onths Days Hours Min.					
cate lan	11	Da. LSUAL OCCUPATION (G. va. kind of work 110b, KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE .Cc. y . Stete, or foreign country)	12, CITIZEN OF WHAT COUNTRY?					
ysici emo	ľ	Sales Mng. Plumbing & Heating Co. Lodge, Virginia	U.S.A.					
1 CG	1:	FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
leath ding plea nd i		Robert William Garner Minnie Neale						
then then the different the di		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (let yes give water dates of service)						
at the art the		Yes 212-10-2370 Mrs. Thomas A. Garner 1205 Oak						
ian y th		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND PEATH					
ysic ysic ysic bd b		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COMMAND TO COMMENT OF THE CAUSE (b)						
red physical signe most		Cond lions, f any, which (b) Arterio / Sellesis Corunary arter	1 thous					
flaw ding en s en s ema		Cond hors, f any, which geve rise to immediate couse	12 year					
The then then sourial couries		(a), stelling the underlying DUE TO						
N: Or a or a ha ha	١,	couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART TO 19 WAS AUTODSY					
tal cate as the both to b	ģ	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAE DISEASE CONDITION GIVEN	PERFORMED?					
SIC ospidise incr	TO A	200 ACC DENT WAS UNDERLYING [] , 200 DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of itam 18)	AEZ WO					
Fig. 16	CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH OF THE CONTRIBUTING []						
E SE	1 -		(County) (Stete)					
Affe by H	MEDICAL	Hour s.m. While Not While tactory, street, office bldg., etc.)						
ENI Parin Pt. (2		0, 196, that (I) (we) last					
E SE		saw the deceased alive on 11 11.20 196 and that death occurred al						
REC PREC houl		22a SGNAPAIRE	22b. DATE					
Day of		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	7-31-1961 S.GNED					
page with t		22d. ADDRESS NAME (Type)						
A W		Dr. B. O. Thomas, Jr. // M.D. 228 North Market Street	Frederick, Md.					
He Ho	2	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)	or county) (Stata)					
OH OT Gesth Control of the Control o		Burial 8-2-1961 A Hendersons Church Cemetery Callao, Vi						
VR A15 (4)	2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE					
15M 9/60	-	Robert E. Dailey & Son Frederick, Maryland DATE Cont	ur S. Kenes					
		a ma						



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased I vad, if institution; Residence before admission) a. COUNTY **6. COUNTY** the 1 Frederick MARYLAND Frederick by th b. CITY OR TOWN (if outside corporate I mits. C. LENGTH OF STAY IN 16 c. CrTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) <u>.</u> = ~ Brunswick Years Brunswick d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 50h Brunswick Street 50h Brunswick Street YES NO NAME OF Middla DATE Month DECEASED OF DEATH (Type or print) 1961 CARROLL GEORGE GRAMS July B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months Hours WIDOWED [DIVORCED Malle November 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stata or fore gn country) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) O Railroad Frederick County, Maryland USA Trairman 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME c Carrie Hutts Roy E. Grams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOC AL SECURITY NO 17. INFORMANT (Yas, no, or unkown) | (If yas giva war or dates of sarvice) Mrs. Iona M. Grams (Same as Item #2) 18. CAUSE OF DEATH [Enter only one cause per line for [a), (b), and (c)] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Coronary Occlusion IMMEDIATE CAUSE (a) hrs DUE TO Congestive Heart Failure mon. gave risa to immadiata causa DUE TO (a), stating the undarlying Coronary Insufficiency mon. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part I or Part II of itam 18. 20a. ACCIDENT WAS UNDERLYING [] | OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) Hour a.m. Whila Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Dec. 50 10 JULY 1901, that (I) (we) last SIGNATURE 22b. DATE ATTENDING MED SIGNED DIRECTOR PHYS. page 22c PHYSICIAN'S 22d. ADDRESS T. Byron Kao M.D. Brunswick, Maryland 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) REMOVAL (Spacify) Burial Park Heights Cemetery Brunswick Maryl and ADDRESS 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) R. Etchison and Son, Frederick, Maryland 15M 9/60 arthur & Knowl

and

physician

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After this

may be retaine DIRECTOR:

FUNERA

S.

ARTMENT OF HEALTH



after death. Page



VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

796 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

NΙ		QERTITION.			0.000					
	1. PLACE OF DEATH o. COUNTY Frederic	ok maryland	2 USUAL RESIDENCE (Where de co. STATE Marylan	- L COUNTY -	Residence before admission) Frederick					
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Fredorick	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick							
1	d. NAME OF HOSPITAL (If not in hospital, give strong institution Momorial Fig.		d street address Lith Avonuo Extended o. is residence on a farm? YES NdE							
	3. NAME OF DECEASED (Type or print) Nan CY	Eugpnia	Greaver 4. b.		Doy Year 5 196/					
		NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 10-26-1879		JNDER 1 YEAR IF UNDER 24 HRS Annihs Days Haurs Min					
	100 USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) Housewife	Home	STRY 11. BIRTHPLACE (State or form		U.S.A.					
	13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME							
	IS WAS DECEASED EVER IN U. S ARMED FORCES?		Margaret Anderson NFORMANT Address							
	(Yes, no or unknown) [If yes, give war or dates of service]				dek, Maryland					
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last. (c)	rente con	estine feat rordrites	Fueloul	onset and death					
- 1	PART H OTHER SIGNIFICANT CONDITION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	arterio.	School D. (Enter noture of injury in Port I		YES NO					
	20c. TIME OF INJURY Month, Day, Year 20 Haur o. m. WI		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	. (City or town)	(County) (Stote)					
	21 I certify that (1) (this haspital) attended the deceased fram July 5									
	23a BURIAL, CREMATION. 23b. DATE THEREOF BURIAL (SPT fy) 7-8-1961	23c NAME OF CEMETERY C		LOCATION (City, town, or in Charlestown	,West Virgini					
	24 FUNDRAL DIRECTORY'S GNATURE Brun	address swick, Maryland	d 2Sa REC'D BY I	0 '61 _	RAR'S SIGNATURE					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. N 2 USUAL RESIDENCE (Where decreased lived | If institution, Residence before admission) PLACE OF DEATH a COUNTY Virginia COUNTY · STATE West Frederick Jefferson √ MARYLAND b. CITY OR TOWN (It outside corporate fimile, will RURAL c. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) & JENGTH OF STAY IN 16 and give negrest town) Harpers Ferry J_D l dav Brunswick d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a ve street oddress) ON A FARMS B.& O. Railroad Yards High Street YES NO TA NAME OF Middle DECEASED (Type or print) Charles Augustus DEATH July 19 61 6 COLOR OF RACE 7 MARRIED X NEVER MARRIED | B. DATE OF BIRTH AGE (In yours IF UNDER TYPAR IF UNDER 24 HRS feat b rithday] Months Dec.15,1900 White Male WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if refired)

Railroad Loudoun County. 12 CITIZEN OF WHAT COUNTRY? Loudoun County, Va. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ella Mae Stoutsenberger Charles A. Hackley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Mrs. Alice Hackbey No None Harpers Ferry. West Va. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: nonar IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0)[19. WAS AUTOPSY PERFORMED? NO D 200. EXTERNAL CAUSE WAS PRIMARY | 00 CONTRIBUTING | CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) (Slote) Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f, (City or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) p. m. of work of work 21. I certify that I took charge of the remains described obove, held on Autopsy . Inspection . Inquiry . apinion death resulted fram: Natural causes []. Accident []. Suicide [], Hamicide [], Undetermined manner [] DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINERÍS James B. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) 220. BUR AL, CREMATION 226. DATE THEREOF 272 NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, lown, or county) REMOVAL (Specify) Fairview Cemetery 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 9/S8

.MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7969 CERTIFICATE OF DEATH

Reg. Dist. No. 07961

o. CO	DUNTY			G STATE	Where deceased lived, it institutes b. COUN		admission)
		rederick	MARYLAND	Man	vland	Freder	lok
b. C.T RUI	ry or town (If	outside carporate limits, wri grest town) *LCK	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (II	Poutside corporate limits, write Prick	e RURAL and give neare	st Tawn)
d. NA	ME OF HOSPITA	AL (If not in haspita), give sti	reet oddress)	d. STREET ADDRESS		e	IS RESIDENCE ON A FARM?
, OA	Freder	rick Memoria	al Hospital	512 Mid	dle Street		YES NO
3 NAMI DECE	E OF	First	y Hayes or Ma	ary Margarei		Manth Day	Year 19 61
s sex Fema	ale		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In year last birthda) 66 y		F UNDER 24 HRS Hours Min
10a USU	JAL OCCUPATIO	N (Give kind of work done !	10b. KIND OF BUSINESS OR INC	SUSTRY 11. BIRTHPLACE (Sto	le or foreign country)	12 CITIZEN OF W	VHAT COUNTRY
Hou	ise Kee	ng life, even if retired)	*******	Montgo	omery Co. Md	U.S.	Α.
	ER'S NAME			14. MOTHER'S MAIDEN	NAME	3	
MT3	Lson On	rens		Ella Wal	llace		
		IN U. S. ARMED FORCES? f yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT	A	ddress	
(Yes. no. 1	NO I	yes, give wor or duted or service;	Unknown	iarry W. Dav	7is-512 Midd	le St. Fr	ed. Md
18.	CAUSE OF DEA	TH [Enter anly and cause po				INTER	VAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY (a)	welso - Miso, lar	andert - Rt	hem processo	ONSE	AND DEATH
	14 42	DUE TO	A VIII		,		44044
Co	inditions, if an	y, which) as H	YPERTENSIVE	ARTERIOSCLE	POTIC	> /	4 VEARE
go	ve rise to in	nmediate	TI CICI ISTU X V CI	7 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20	720 / I C		I I CHIC
	ise (a), stating t ng cause lost.	he under-		CARDIGUA	SCULAR DISE	MCP	
CERTIFICATION ON CO.	PART II. OTH	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B			GIVEN N PART 1(a) 19.	WAS AUTOPSY PERFORMED? YES NO
	CONTRIBUTING ITHER, NOTIFY !	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury (i	n Part I ar Part II of Item 1B.)		
MEDICAL	TIME OF INJURY Haur a.m. p.m.	w w	d. INJURY OCCURRED 20e. hile Nat while wark al work	PLACE OF INJURY (Hame, fa factory, street, affice bldg, e	rm, 20f. (City ar tawn)	(Caunty)	(State
21.	I certify the	at I, attended the dec		, 19.60, ta		_,that I last saw t	
aliv	re an	7/23 ,1	9.61 , and that dea	th accurred at 8001	M, fram the causes	and an the date s	stated above
		1 0			ADDRESS (Street, city or low		DATE SIGNED
SIGN	NATURE TO	chard C.	Keymetel.	M.D. ,			
PHY!	SICIAN'S AE (Type) R.	C.Reynolds	77-0		nurch St. Fr	ederick,	Md.
22a BUR	IAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, low	n, at Éaunly)	(State)
Bur	1941 Specify	7-26-61	John Wes	lev	Clarksbu	rg. Maryl	and
	RAL DIRECTOR'S		ADDRESS	240 RFI	C'D RY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE	
	C.E.Hi	cks 111 F	rederick, Ma	ryland DATE	IOL 26'61	Inthus S. Thomas	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edm.ssion) b. COUNTY Frederick e COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN [If outside corporete | m is, write RURAL end give nearest town] c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 32 East Fourth Street 32 East Fourth Street YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF VERA AMANDA HEFFNER (Type or print) DEATH July 19 61 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 2 wit lest birthdey) Months | Days Female 11 Sept 1915 WIDOWED A DIVORCED [10a. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Beauty Salon New Midway. Maryland USA Beauty Operator pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Macy E. Eyler Benjamin B. Biehl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 327 Adres Third St. (Yes, no or unkown) (Ifyesgivewerordelesofservice) kSame Frederick. Md. Mrs. Macy E. Biehl 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] along rensit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Office DUE TO Conditions, il eny, which (b) gave rise to immediate cause DUE TO (e), sleting the underlying PART II, OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stete) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that I look charge of the remains described above, held an Autopsyll. Inspection (and in my opinion death resulted from-Natural causes Accident Suicide L Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL its designate SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Bernard O. Thomas. Jr. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) Burial Mount Olivet Cemeterv Frederick, Maryland <u>0</u>40 ₽ 240. REC'D BY REGISTRAR | 246, REGISTRAR'S SHONATHE 23. FUNERAL DIRECTOR V5, A15ME M. R. Etchison & Son, Frederick, Maryland 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a COUNTY b. COUNTY Frederick Frederick Maryland MARYLAND b. CITY OR TOWN (if oulside corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Frederick Life Frederick d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUT ON (if not 'n hospitel, give street eddress) e. IS RES DENCÉ ON A FARM? DOA Frederick Memorial Hospital 356 Madison Street YES NO Y 4. DATE 3. NAME OF Middle Month Year DECEASED (Type or print) HILDERBRAND, JR. DEATH FRANKLIN THOMAS July 19. 1961 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATÉ OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and 3 may 2 with 5 n 5 and 2 w 72 hours last birthdey] Months! Days Hours Male Feb 1917 WIDOWED T DIVORCED 10b, KIND OF BUS NESS OR INDUSTRY | 11. B RTHPLACE (State or fore.gn country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page done during most of working life, even if retired) Frederick. Md. Everedy Company USA Packager pages FATHER S NAME 14. MOTHER'S MAIDEN NAME Franklin T. Hilderbrand Delpha Fogle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of service) Mrs. Blanche L. Hilderbrand (Same as item #2) along with I 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage " in pencil ! Office alor IMMEDIATE CAUSE (a) DUE TO burial Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underfying used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICA TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part f or Part il of itam 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ' 20f. ICily or lown) (County) (State) factory, streat, offica bldg., etc.) While Not While Hour a.m. at work at work should be forwarded to the FUNERAL DIRECTOR: its designated agent, prio 21. I certify that I took charge of the remains described above, held an Autopsy 🟋. Inspection X . Inquiry Y. and in my opinion Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER TO EXAMINER'S B. O. Thomas, M. D. 20 July 1961 NAME (Type) Address (Street, city, lown, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Mount Olivet Cemetery Frederick. Md. Burial ₽40 p 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE arthur S. Kraus VS. A15ME M. R. Etchison & Son, Frederick, Md. DATE UL 21 '61 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission o. COUNTY b. COUNTY filed MARYLAND Frederick Maryland Washington after death. he funeral hould be fi CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give nearest town) 1217 days Culler Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS haurs 229 W. Franklin St. Victor Cullen State Hospital ,E 5 NAME OF 4. DATE Middle Month Day Pages 1 c DECEASED DEATH death. (Type or print) July 16 W1111em Hooper B DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Days 10-15-04 56 yrs. WIDOWED T DIVORCED [7] Wh. М. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Radio-Electric Mechanic Radio-Electric U.S. and 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Van Gosen William A. Hooper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Victor Cullen Hospital No. Records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary tuberculosis 002 43 months IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (b), stating the underlying cause last. buriat-transit een PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY CATION has 20d ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) foctory, street, office bldg , etc.) Hour a m Wh le Not while of work at work p m. 21 I certify that (1) (this haspital) attended the deceased from 3-17-58 ta 7-16-61 ... 19 ... that (1) (we) last . 19 , and that death accurred at 30th from the causes and an the date stated above. 1961 saw the deceased alive an ECTOR: 22a SIGNATURE 1 ATTENDING å M.D. PHYS DIRECTOR 22c PHYS CIAN'S 22d, ADDRESS NAME (Type) Michael G. Zevis Victor Cullen State Hospital: Cullen Md. 23a BUR AL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Rugia] Z.] Q Greenway 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 1 8 61 DATE JUL Circhar & Hours 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

> IS RESIDENCE ON A FARM? YES NO W

> > Year

PERFORMED? YES I NO I

(Stote)

22b DATE SIGNED

7-16-61

(Stote)

Hours



certificate

15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 797 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY Montgomery Frederick Maryland MARYLAND b C.TY OR TOWN (if outs de corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Damascus Nr. Ridgeville
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREFT ADDRESS ON A FARM? Holsey Rd. YES NO M 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 1961 Johnson July 29 1961

9. AGE (11) Years I PUNDER 1 YEAR! IF UNDER 24 HRS. Helen 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH lest birthday) | Months | DIVORCED Feb. WIDOWED Female Colored 10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) USA Housework Pvt. homes Damascus. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Zeigler Robert Monroe 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Arldress (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Mrs Annie Cohens. Damascus. Md. 18. CAUSE OF DEATH [Enler only one capie per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) office Office Surial-t **DUE TO** Ener Lan Conditions, if any, which (6) geve rise to immediate cause 10 **DUE TO** (a), stating the underlying PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? YES W NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF OF CONTRIBUTING Chief I 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) al work al work 0 th 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry K Inspection X. and in my opinion Homicide N. death resulted from: Natural causes Accident Suicide Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 226, DATE THEREOF OF CHMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 240 p Damascus. Md. Friendship Meth. Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 7/59 arlhus & House

AND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1tem 8 Firm G290 NEALTH DEPT 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) I. PLACE OF DEATH e. COUNTY **b.** COUNTY Frederick MARYLAND Marvland Frederick b. CITY OR TOWN (if outs de corporete lim ts. c. LENGTH OF STAY IN 16 c. C TY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) write RURAL and give neerest town) Frederick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 1615 Rosemont Avenue 1615 Rosemont Avenue 3. NAME OF Middle DECEASED July JONES CLARA MARGARET (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years 1 IF UNDER 1 YEAR) IF UNDER 24 HRS. 87 birthdey) Female WIDOWED ALK 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At Home House-work Frederick County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Michael George Crum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give were redetes of service) Mr. G. Arthur Jones-Sameas Item #2 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) geve rise to immediate cause DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter return of Intury in Pert I or Pert II of tlem 18.) PRIMARY __ or CONTRIBUTING __ 3 20d. INJURY OCCURRED: 20e. PLACE OF INJURY (Home, form, 1 20e. TIME OF INJURY Month, Dey, Yeer 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) While Not While WED Hour a.m. et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 2 and in my opinion Suicide Homicide Undetermined manner death resulted from. Natural causes Accident forwarde L DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S James B. Thomas. M.D. Address (Street, city, town, or county) 226. BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery ₽40 p Burial 23. FUNERAL DIRECTOR 240, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME M. R. Etchison & Son, Frederick, Maryland DATE JUL 7 5M 7/59 Culling & House

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES I NO T

19

Frederick

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S?A.

(County)

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

PERFORMED?

YES 📆 NO 🗍

(State)

(Stote)

Months



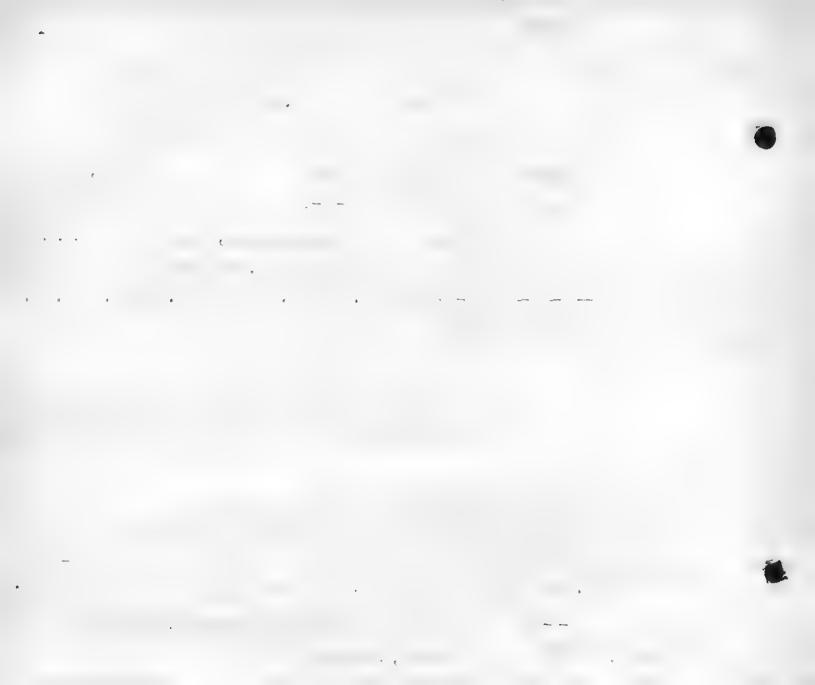
1					MA	TEX 1000	ND STAT	E DEP			HEALTI	·			
			DIVISION	OF STATIST	ICAL RE	SEARCI	CERTIFIC	ORDS, 3 CATE	OF DE		STREET,	BALTIMOI	RE 1, MA	RYLAN	370
F	ηl		LACE OF DEATH	2310	_ 11.	3 tm - y	r I m tie	-i.l. /	. USUAL RE	SIDENCE	(Whera deci	eesad lived, If I	nstitution; Res	dence befo	re edmiss on)
	\times	a	. COUNTY		Frede	rick	MARYL	AND	e. STATE	Mar	yland	b. COUN	r Fr	eder	ick
oy the		Ł	. CITY OR TOWN (give nearest tow	ita I mits, vn)	c.	LENGTH OF STAY		c. CITY OR T			ete fimits, writa	RURAL and g	Iva nearast	town)
d in d			LLEGIBCE NAME OF HOSPI			in hosp tal.		time	d STREET AL		.llasv -	TTT6		1 0, 1	S RESIDENCE
ours 3			_	Home		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gree strade added		1					YES	NO T
Pers.			NAME OF DECEASED		First		Midd e	,,	# Last	1	OF	Month		Day	Year
ompl n pa		5.	Type or print)	Will		Guy	Kipe_		DATE OF BIRTH		DEATH	Jul AGE [In years]			19 61 DER 24 HRS.
arbon wit			male	white		ARRIED X	NEVER MARRIED		uly 18	3. 19	001 /6	last birthdey)	Months De		
ian a		10e.	USUAL OCCUPAT	ION (Give kind o	of work 1	юь, KIND (OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (County	& State, or fo				AT COUNTRY?
physici e remor			Butcher		1011100)	Cull	en Hosy	- !	Mary	7land			\	J.S.A	•
D 25 - = (I)13.	FATHER'S NAME W11118	m H.	Kipe			1			- "	Hardma	ın		
tending ple	<u> </u>	15	WAS DECEASED BY	ER IN U.S. ARME	D FORCES?	16. SOC	IAL SECURITY NO	D. 17. IN				Address			
The at		(16)	NO (I				36-486	'	lazel M	I Ki	pe	Sabil	llasvi		=
cian. by th rmit. r ren			18. CAUSE OF I	H WAS CAUSED	BY:	per lina fo	or (e), (b), end (c)	0		119	Al 1	20010	1111		BETWEEN ND DEATH
hysic ned iit pe			1000	IMMEDIATE CAL	UE TO	jaen	wcar	cen	oma	71	me_e	esogra	agus	/ -	2 grs
ng p n sig			Conditions, if only	which 7	(b)_	C /	netas	Tax	es. gi	oue	early.	9			
thend the thrial thrial thrial			gove rise to immed (e), stelling the u		UE TO										
or a e hay the b		z	PART II. OTHE	R S.GN FICANT	(c)	S CONTRIB	LTING TO DEATH	TON TUE	RELATED TO TH	IE TERMINA	AL D.SEASE C	ONDITION GIV	EN IN PART 1	(e), 19. W/	AS AUTOPSY
lificat lificat a as		ATION						~						YES [RFORMED?
the hos his cert for us	4	CERTIFIC	20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	I I CALSE OF D	EATH	. DESCR B	E HOW INJURY C	OCCURED. (Enter neture of II	injury in Pe	at I or Pert II o	of stem 18 }	-	~	
After I After I etached of Hea		MEDICAL	Hour a.m.	JRY Month, D		While	Not While		OF INJURY (Ho y, street, office bl		20f. (City of	or town)	(Count	y)	(Stete)
To R: De d			21 certify	that (I) (this	hospital)	arended	//		£ -	/0	6/, to.,	1/	- 1		l) (we) last
be could die l			saw the decea	sed alive on.	14	july	119 (, a	nd that o	leath occured	d at X	M, from	the causes	and on the	e date st	aled above
D Sh			220. SIGNATURE	4 Styl	HINN	65 /	_	M D	ATTENDING PHYS.	D.F	D. RECTOR	STAFF PHYS.	7-	-17	SIGNED
age of the	-		22c. MHYSICIAN'S NAME (Type		77 "	1.7			22d. ADDRE		D#dm	Casana	t - D.	in in a	
JNE Pa			-	Harry	H. 9	Coung	S Jr.	METERY OF	<u> </u>	TUE		Summ		3111124	(Stefe)
death direct be filt	0	230	BURIAL, CREMAT REMOVAL (Specify BULL 81	7-19		23	Blue R			ery		rmont,			(2.4.4)
VR A15 (4)		20	7	R'S GIGNATURE	7		ADDRESS		2			RAR 255 REC		GNATURE	-
15M 9/60	11	1/2	ymon	X GO	reap	u	Thur	mont,	Md.	DATILL	1 9 '61	au	lun 8. 10	all	
				1											



VR A15 (4) 15M 9/59

. V

1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before odm ssion) 6. STATE b. COUNTY Frederick								
b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)								
RURAL ond give nearest town) Frederick	40 years	Frederick								
d. NAME OF HOSPITAL (If not in hospital, give street		U. STREET ADDRESS e. IS RESIDENCE								
Frederick Memoria	l Hospital	205 East Third Street YES NO								
3. NAME OF DECEASED	Middle	Last 4. DATE Month Day Yeor								
(Type or print) Susie	Carter	Koontz DEATH July 4, 196								
S SEX 6 COLOR OR RACE 7 MAI	RRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 H lost birthdoy) Months Days Hours Mir								
Female White WIDOV	VED DIVORCED	2-17-1874 87 yrs Months Days Hours Mir								
10a. LSUAL OCCUPATION (Give kind of work done 10t during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI								
Homemaker	None	Carroll County, Maryland U.S.A.								
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME								
Henry Carter		Margaret E. Nicodemus								
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service)		IFORMANT Address								
No -	212-14-61830 M	s. Betty K. Young 205 E. Fred St. Fred Md								
18. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY Carallarus Marition 7 days										
DUE TO										
Conditions, if only, which) (b)										
gove rise to immediate Couse (a), stating the under:										
lying couse lost. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?										
YES NO [
20a ACCIDENT WAS UNDERLYING TO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH										
(IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or town) (County) (State										
Hour o. m. While Not while of work of										
21 I certify that (1) (this haspital) attended the deceased from. 6/27 . 19.61, to 7/4, 19.61, that (1) (we) last										
saw the deceased alive an. 196, and that death occurred it 3 M, from the causes and an the date stated above.										
220 SIGNATURE 22b DATE										
Day of Tu	man.	ATTENDING MED STAFF SIGNED								
22c PHYSIC,AN'S	1	22d ADDRESS								
NAME (Type) Dr. James Thom	nas M	D. 228 North Market Street Frederick, M								
230. BURIAL, CREMAT ON, 236 DATE THEREOF	23c NAME OF CEMETERY C									
REMOVAL (Specify) Burial 7-6-1961	Linganor Chu									
24 FUNERÁL DIRECTOR'S SIGNATURE	ADDRESS OF OTTO	rch Cemetary Unionville Waryland 250 REC'D BY REG STRAR 256 REGISTRAR'S SIGNATURE								
· have to there of it.	Frederick, M	III 1 0 le 1								



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY Frederick MARYLAND Maryland Frederick after death. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? Frederick Lifetime Frederick d. NAME OF HOSPITAL (If not 'n hospital, give street address) STREET ADDRESS e IS RESIDENCE or Institution frederick Memorial Hospital ON A FARM? 311 South Market Street YES TO NO 13 NAME OF Middle 4. DATE Yeor DECEASED (Type or print) Ellen DEATH Lee 19 5 SEX 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Female White 9-12-1881 WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Practical Nurse Frederick Co., Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William L. W. Lee Susan Ball 17. INFORMANT S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 218-34-3533A Mr. Denver Shook 311 S. Market St. Frederick. Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Cate heyroaded in fort on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YEST NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f (City or town) 20d INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) Hour om. While Not while of work □ p, m, 21 | certify that (1) (this haspital) attended the deceased from 12 1/2 1, ta 12 1/2 1, ta 19 1/2, that (1) (we) last 115 1951, and that death accurred at STPM, from the causes and on the date stated above saw the deceased alive an. 22º SIGNATURE SIGNED MED DIRECTOR M D PHYS. 22c PHYSICIAN'S 22d. ADDRESS 810 Toll House Avenue Dr. N. G. Goodman 230 BURIAL, CREMATION, 236 DATE THEREOF 23d. LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Frederick Memorial Park Frederick, Maryland Buria 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS DATE JUL 1 8 '61 Frederick, Maryland 3SM 9/59



CERTIFICATE OF DEATH haurs after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Frederick Maryland b COUNTY Frederick MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write c CITY OR TOWN (If guiside carparate limits, write RURAL and give nearest tawn) RUMAL and give perfect town) L days Deerfield d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE Prederick Memorial Hospital Lantz P.O. YES NO NAME OF First Middle 4. DATE Manth Year filled DECEASED OF law requires that the death certificate be executed within 24 Roy Arby DEATH (Type ar print) 1961 F UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS. completely last birthdoy) Manths 1881: male white Sept. 24. WIDOWED A DIVORCED | 10a USJAL OCCUPATION (Give kind of wark dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Farmer Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland puo pou 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Buhrman Daniel Manahan Amanda remove 17 INFORMANT 16 SOCIAL SECURITY NO Address No None Leo Manahan Lantz. Md. ottending 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IHROMA OSIS EREBRAL IMMEDIATE CAUSE (a) **DUE TO** GENERALIZEN ARTERIOSCLEROSIS permit. Candit ans, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY cremation, PERFORMED? YES NO NO 20a ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City ar town) (County) (State) factory, street, affice blda, etc.) Hour a.m. While Nat while at wark at wark p. m. 21 I certify that (1) this hospital) attended the deceased fram. 7 ., 19 6/, that (1) (we) ast 28 ____1961 , and that death accurred at 1 ____, M, from the causes and an the date stated above saw the deceased a ive an ECTOR: 22a SIGNATURE 22b. DATE M D PHYS. SIGNED MED. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Richard C. Reynolds 9 E. Church St. Frederick. Md. O FUNERAL 230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, ar caunty) 17319441 (201 fy) Mt. Moriah Cem. Foxville Fred. Coa 25b. REGISTRAR S SIGNATURE **ADDRESS** 25a REC'D 8Y REGISTRAR NUG 3 Thurmont. Md. Cirthur & House ISM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. Frederick Frederick MARYLAND Maryland b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Iwrite RURAL and give gearest fown) Frederick 40 years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V 408 W.Patrick Street.Frederick.Md. h08 W.Patrick St.Frederick,Md. 3. NAME OF DATE DECEASED OF (Type or print) DEATH July 1961 Rosalie Milvard Minnie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX last birthdey) Months DIVORCED Female WIDOWED T 86 October 5 10e. JSUAL OCCUPATION (Give kind of work | IDb. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housework Housewife Middleburg, Maryland.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ≘. Miller George Biehl Penelope 큡 Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of sarvice) John W. Milyard. Thurmont. Route #1. None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] OMSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (6) geve risa lo Immediata causa DUE TO cause lest. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUT PERFORMED? NO F prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INLURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Yeer factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1.9.5 .. 19 [...], and that death occurred at ZCM, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) .O. Thomas, Sr. N.Market St.Frederick.Md. director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stote) 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) OH Frederick, Maryland. Burial July 26,1961 Mount Olivet Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Thous .Etchison & SOn, 106 E. Church St. Frederick. Md. 15M 9/60 DATE JHL 2 6 '61

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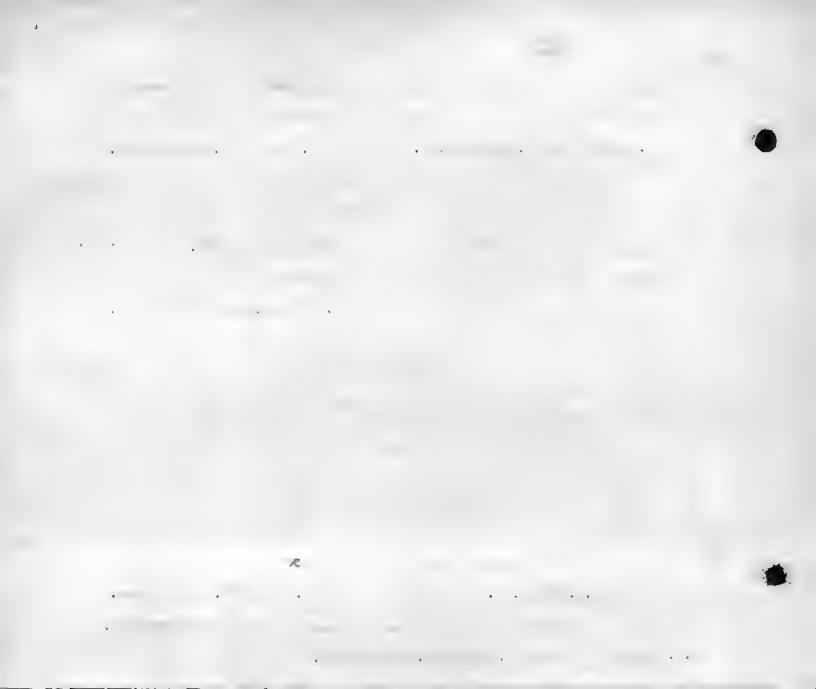
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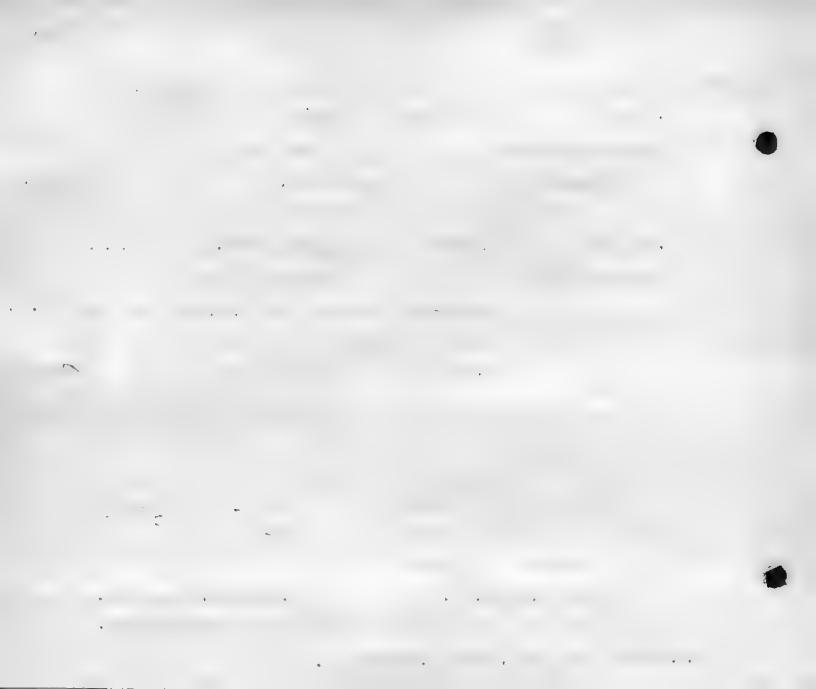
OR

YLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAN CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY frederick by the and 2 death. MARYLAND Maryland Frederick by the b. CITY OR TOWN (if outs de corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town Nr . Lander Frederick vears 2. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO Glen Merrie Nursing Home Wilson Place executed 3. NAME OF M ddla DATE Month Year DECEASED OF (Type or print) DEATH July 19 61. Molesworth, Sr. Carlton carbon AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) pue Months I Devs DIVORCED TEBruary 15,1876 Male White , WIDOWED to physician 10e, USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Prof.Ballplaver Baseball U.S.A. Frederick County. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p and Thomas Molesworth Drucilla. Browning 15. WAS DECEASED EVER IN J.S. ARMED FORCES? Then 16 SOCIAL SECURITY NO 1 17. INFORMANT [Yes, no, or unknwn] | [If yes give wer or detes of service] oval Carlton Molesworth, Jr. 517 Wilson Place Fred. lan. the No 18. CAUSE OF DEATH [Enter only one cause ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO attending Conditions, if eny, which (b) gave rise to Immediate cause **DUE TO** (e), steting the underlying ihe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6): 19. WAS AUTOPSY After this certificate PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of naury in Part I or Part I of Iam 18.) 20e. ACCIDENT WAS UNDERLYING IT. OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Dev. Year factory, street, office bldg., etc.) While Not While AEDI Hour e.m. et work et work may be relaine DIRECTOR: A (Q), and that death occured at ...M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 220 SIGNATURE SIGNED STAFF ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE N.Market St.Frederick, Md. ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete) 23e. BUR.AL, CREMATION REMOYAL_(Specify) Frederick, Maryland. Eurial QE Mount Olivet Cemetery ADDRESS 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 .R. Etchison & Son, 106 E. Church St. Frederick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



CH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH Mennorial Hospital 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days recliniet d NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE d. STREET ADDRESS OR INSTITUTION YES TO NO T @11014 hedenie NOSPICK .E 5 NAME OF 4 DATE Middle Last Month Day Year DECEASED OF DEATH JULY TTO 196 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 9. AGE (In years 5. SEX -8. QATE OF BIRTH last birthaay) Manths Days WIDOWED X DIVORCED [PANALA 10a USEAL OCCUPATION (Give kind of work done 10b, KIND OF 8USINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) 700 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMAN FORE Shall IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO Вu 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) CEREBRO VASCUAR DUE TO Canditions, it any, which eq gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? FIBRILLATION TRIAL 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20e PLACE OF INJURY (Hame, farm, 20f. (City or fawn) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (State) (Caunty) factory, street, affice bldg., etc.] Haur a.m. While Not while at wark at wark pm. 19.6/. that () (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19_4 / and that death accurred at 32M, from the causes and an the date stated above saw the deceased alive an. 220 SJONATURE , SIGNED M.D PHYS MED. DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR **ADDRESS** Cirling & Krund VR ATS (4) 15M 9/59



DWISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH			MARY		USUAL RESIDENCE		ed lived. If institution b. COUN	tution. Residen	ce before a	imission)
	rederick	. 1.	т			aryland				
b. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)			c. LENGTH OF STAY		c CITY OR TOWN	-	- 1	e RURAL ond	give negrest	lown)
	rsville		life		Rural My	·	11e			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	give street	oddress)		d STREET ADDRE	SS			0	RESIDENCE
3. NAME OF DECEASED (Type or print)	Tabi		Middle V.]	Palmer	4. DATE OF DEAT		7	27	Yeor 19 61
5 SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D 🔲 B. D.	ATE OF BIRTH		9. AGE (In year			JNDER 24 HRS
female	white	WIDOWI	ED 🔼 DIVORCE		7/4/187	7		y) Months	Days Ho	ours Min
100 USUAL OCCUPAT	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12 CITI	ZEN OF WH	IAT COUNTRY
housevi	Pt.	"	own hor	1e	Maryla	and		U	.S.	
13 FATHER'S NAME					. MOTHER'S MAIL					
Josephu	s Palmer				Manzi	ella K	ice			
	ER IN U. S. ARMED FOI (If yes, give war or dates of		social security no.	IT INFOR	MANT George	R. Ma		Address METSV	ille	Md.
Conditions, if gave rise to couse (a), stoting lying couse lost PART II. OT	immediate DUE TO)))	CONTRIBUTING TO DEA	ATH BUT NO	I RELATED TO THE	TERMINAL DISEA	ASE CONDITION	GIVEN IN PAR	P	VAS AUTOPSY ERFORMED?
200 ACCIDENT WOR CONTRIBUTING	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OF					,		
20c. TIME OF INJU Hour o. m. p. m.	10	While of wor		20a. PLACE foctory	OF INJURY (Home, , street, office bldg	, form, 20f. (C	ity or town)	{	County)	(Stote)
saw the deced	at (I) (this haspite	i) attend			h accurred at,	, 1955, ta 7:35M, from	11			
220 SIGNATURE	Jala	un	Horp	MD	ATTENDING PHYS	MED DIRECTOR [STAFF PHYS			226 DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	J. Elne	er_Ha	arp /		22d. ADDRESS	letown	, lid.			
230 BURIAL CREMATI REMOVAL (Specifi DUTTAL	ON, 236 DATE THEREON, 7/11/19	of 961	23c. NAME OF CEMI Lutheran				ATION (City, 10%)	vn, or county)	Md.	(Stote)
24 FUNERAL DIRECTO			ADDRESS		25a	REC'D BY REG	STRAR 25b R	EGISTRAR'S SI	GNATURE	
Gladhi	ll Company	y, Mi	iddletown	, I-d.	DAT	1 7 '6	1	whom &	Times	

VR A15 (4) 15M 9/59



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Frederi*c*k Frederick MARYLAND c CITY OR TOWN (If outs'de corporate l'm'ss, write RURAL and giva nearast fown) b. CITY OR TOWN (if outside comporate I mits. c. LENGTH OF STAY N 16 살 write RURAL and give nearest town! 15 d letown Middletown within d STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITA, OR INSTITUTION (if not in hospite, a ve afret address, ON A FARM? YES NO hour executed DATE NAME OF Day Yeer completel Middle last OF DECEASED (Typa or print) Susan DEATH 1967 Poole IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARR ED [] NEVER MARRIED DATE OF BIRTH AGF (In vaers FUNDER 1 YEAR last birthday) Months Days and Hours female WIDOWED T DIVORCED 12. C TIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR NOUSTRY County & State, or foreign country) dona during most of working life, even if retired) Larrel and U.S. hous vife oun home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Daniel Buscard 15. WAS DECEASED EVER NU.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO | 17. INFORMANT (Yas, no, or unkown) | (If yes giva wer or dates of service) Daniel Poole, INTERVAL SETWEEN, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEAT DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) DUE TO Conditions, n any, which gava rise to immadiate cause (a), stating the underlying causa last. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTR BUTING [] CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm ' 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc.) While _Not While Hour a.m. at work at work 19 PF may be retained DIRECTOR: 3 should be de 21. I certify that (I) (this hospital) attended the deceased from 196. and that death occured at A. S.M., from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE SIGNED ATTENDING enn 1 DIRECTOR PHYS. PHYS. MD HOSPITAL Bath. Pa FUNERAL 22c PHYSICIAN S 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL_(Specify) ಕೆಂ 25a REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 DATE IIIL 3 Circher S. Thrace

AND STATE DEPARTMENT OF HEALTH



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VR A15 (4)

15M 9/60

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law requires that the death



CERTIFICATE OF DEATH funeral director after death. Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY o. STATE COUNTY MARYLAND REDER RODERICK MARULAND b CITY OR TOWN (If outside carporate limits, write CITY OR TOWN (If outside corporate simils, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) FREDERICK EDERIC d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 606 FREDERICK MEMORIAL LEE YES | NO | E 5 NAME OF 4. DATE Middle Month Yeor DECEASED OF DEATH (Type or print) 19 6 B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 9 AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months Days MALE WIDOWED [DIVORCED [100 USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDUSTRY during mast of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? USA 13. FATHER'S NAME within 17. INFORMANI SOCIAL SECURITY NO No None attending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES ANO T 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c TIME OF INJURY Month, 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at work p. m. 21 | certify that (I) (this hospital) attended the deceased fram. 7 - 20 1961 to 7 - 22 _, 19_6 (, that (1) (we) last . 1947, and that death occurred at 5 AM, from the causes and on the date stated above sow the deceased alive on 220 SIGNATURE 22b DATE O ATTENDING PHYS SIGNED MED DIRECTOR 22c PHYSICIAN'S Fresh Pedvalor Cent Charles E. Wright M.D. ē 23b DATE THEREOF 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) page the St REMOVAL (Specify) Burial Mount Olivet Cemetery Frederick 24 FUNERAL DIRECTOR'S SIGNATUR. **ADDRESS** 250. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE M. R. Etchison and Son, Frederick, Maryland Clarker & Thous ISM 9/59





be executed

OR

HOSPIT



ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Frederick MARYLAND Frederick b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL end give neerest town) write RURAL and give neerest lown) Brunswick Brunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Park Avenue Avenue pietely paincexe 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH John Wesley Seay IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED FT NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 5. SEX last birthday) and Hours Male WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Retired Methodist Minister U.S.A. 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME John W.Seav Rebecca Pattem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(Ifyesgivewerardetesofservice) Mrs. Minnie Seay. Brunswick. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Uremia days DUE TO Rectum-Carcinoma mon gave rise to Immediate cause DUE TO (e), steting the underlying Carcinomatosis mon. PART JL OTHER S.GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY CERTIFICATION PERFORMED? NO use prior 2De, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert. or Part II of item 18.) After this colletached for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 20f, (City or town) (State) 20c. TIME OF INJURY Month, Dey, Year (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work . 30..., 19.61 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Dec ... 2 22b. DATE 22e. SIGNATURE SIGNED ATTENDING. DIRECTOR PHYS. ADDRESS Gum Spring Hollow NAME (Type) C.T.Byron Kao, M.D. Brunswick, Md. 230, BURIAL, CREMATION, | 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete) REMOVAL (Specify) OF lisbore SHOT OF WARE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 grunswick. Maryland Litter & Thrend

MARYLAND STATE DEPARTMENT OF HEALTH



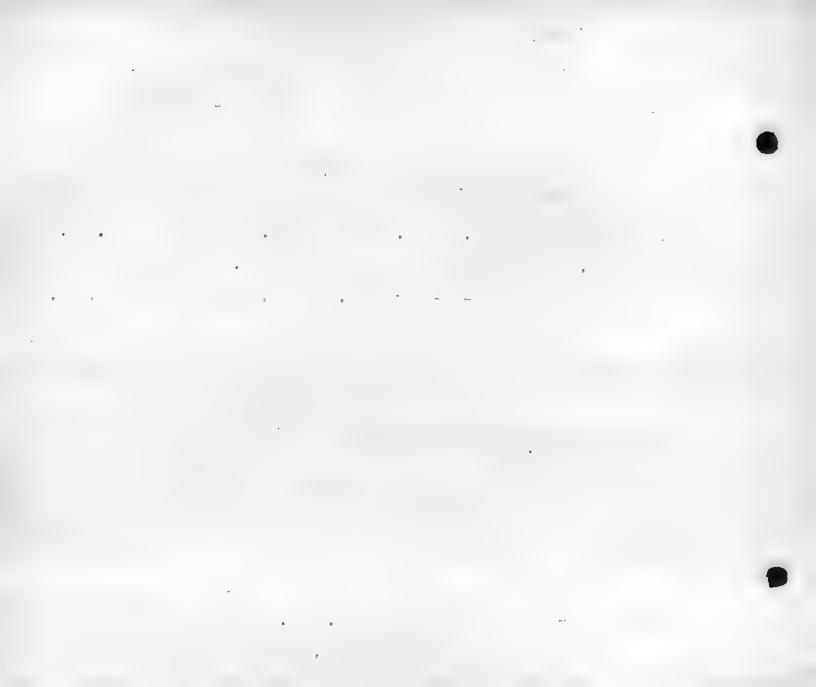
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should Item 8 Film G292 USUAL RESIDENCE [Where deceased lived, if institution, Residence before admiss on] PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 standard Frederick MARYLAND arv b. CITY OR TOWN (if oulside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest town) Rural Middletown Middletown Rural O V ATS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital of STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 5.5 e X 3. NAME OF Middle DATE Month Dey Lest Yea DECEASED OF (Type or print) Alice Shafer DEATH 19 6 COLOR OR RACE 7, MARRIED X NEVER MARRIED B DATE OF BIRTH AGE Un vec NDER 1 YEAR IF UNDER 24 HRS lest birthday) female WIDOWED [**DIVORCED** VIS. physician 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work I 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Couly & State, or foreign country) done during most of working life, even if retired) U.S. oun home Maryland housewrie 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Ella Koogle Charles H. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war or detes of service) none Lunzie Shafer, Middletown IB. CAUSE OF DEATH [Enter only one cause per line for)(e), (b), and (c).) INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), stating the underlying PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO L 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Perl I or OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd. INJURY OCCURRED : 2De. PLACE OF INJURY (Home, ferm. 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Yaer (State) (County) fectory, street, office bldg., atc.) While Not While Hour a.m. at work | et work | 21. I certify that (I) (this hospital) attended the deceased from... / , and that death occured et M, from the causes and on the date stated above. saw the deceased alive on.......... DIRE 22b. DATE 22e. SIGNATURE SIGNED I ATTENDING DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNER Jefferson, Md. ector, 23d. LOCATION (City, fown or county) 23s. BURIAL, CREMATION, 236 1 23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemeterv 0 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Cithur S. House DATE UL 2 15M 9/60 Comnany, Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

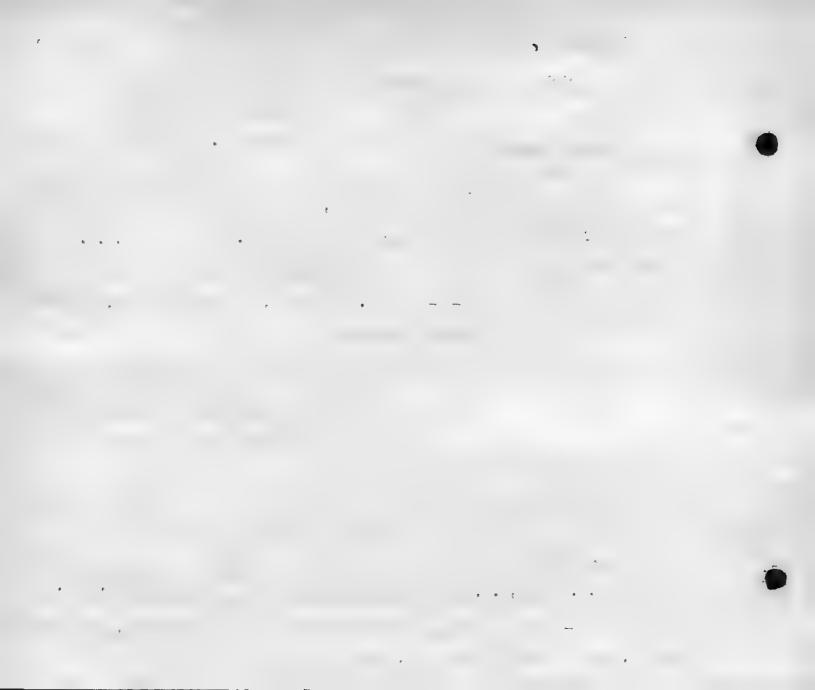


DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Frederick COUNTY **6 COUNTY** Maryland MARYLAND Frederick neral b CITY OR TOWN (If outside corporate limits write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) l week Thurmont --- rural Frederick d NAME OF HOSPITAL (If not in haspitat, give street address) J. STREET ADDRESS e IS RESIDENCE Frederick Memorial Hosiptal ON A FARM? YES | NO | NAME OF Middle 4 DATE Manth DECEASED July Shank Charles DEATH (Type or print) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED R NEVER MARRIED 9. AGE (In years byhday) camplete Months male white April 26. WIDOWED [7] DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? Park Manager Cat. Nat'l. Park U.S.A. Penna. pup carban 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician within Mary E. Jones Wilbur E. Shank remove IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) Mrs. Mary E. Shank Thurmont, Md. RD attending p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 6 daus IMMEDIATE CAUSE (a) DUE TO duadenal ulcer Canditians, if any, which signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES 💢 NO 🗍 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20f (City or town) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Haur a. m While Not while. at work at work a. m 21 I certify that (I) (this hospital) attended the deceased from 10 UU 1961 to 17 July , 19*G_L*, that (I) (we) lost , and that death occurred at R. M., from the causes and on the date stated above saw the deceased alive on I talk RECTOR: 220-SIGNATURE 22b DATE S GNED MED DIRECTOR 22c PHYSIC AN'S TO FUNERAL DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23a BURIAL, CREMATION, 23b Burial (Specify) Arlington, Virginia Arlington Natl. Com. 25b REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SUBNATUR Thurmont, Md. DATE 1 24'61 Tillur & Haus VR ATS (4) 1SM 9/59

law requires that the death certificate be executed with

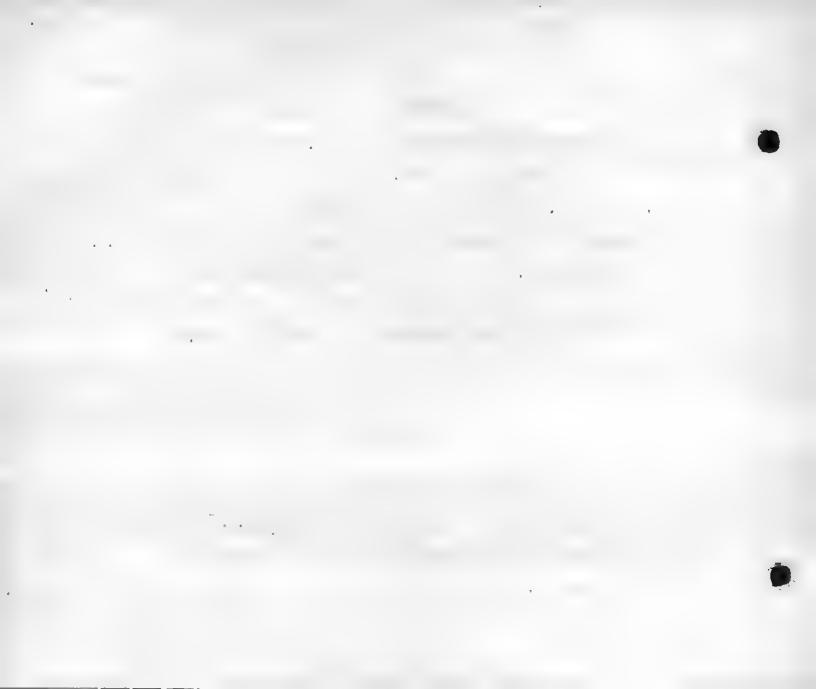


RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY a. STAT Maryland b. COUNTYFrederick Frederick b. CITY OR TOWN (if outs de corporala I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL endigive nearest town) write RURAL and give nearest lown) Frederick 30 years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddrass) d. STREET ADDRESS IS RESIDENCE ON A FARM? 325 Braddock Ave. 3 NAME OF Braddock Avenue YES NOLK Middla DECEASED Franklin OF Raymond (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 1 Months Days Hours Male White WIDOWED -DIVORCED T IDe. USJAL OCCUPAT ON (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stata or fora gn country) 12, CITIZEN OF WHAT COUNTRY? Inspector of brushes Brush factory Frederick Co. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Shultz Della Gaver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17, INFORMANT Addrass (Yas, no or unkown) [Ifyesgivawerordetasofservice) 211-10-2774 Mrs. Eva Shultz, 325 Braddock Ave, Frederick 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end [c].] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosis hours IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediata cause DUE TO (e), stating the undarlying PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I'al 19, WAS AUTOSY CERTIFICATION PERFORMED? 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Pert I or Part II of Itam 18] PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, ferm, ; 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Yaar (County) (Stata) fectory, street, office bldg., etc.) Not While Hour e.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K Inquiry X and in my opinion forwarded to death resulted from-Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSESS MALE ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER July 21.1961. B.O. Thomas .M.D. NAME (Typa) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Grossnickle Church Cemetery Ellerton Fred REMOVAL (Spacify) <u>5</u>40 Buria Fred DATE JUL 2 6 '61 VS. AISME SM 7/S9 Maryland



IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH director USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH Fried o. COUNTY b. COUNTY MARYLAND Frederick Maryland Washington Funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN Th c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) Cullen Hancock d NAME OF HOSPITAL (if not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IX Victor Cullen State Hospital 171 W.Main Street NAME OF Middle lost 4. DATE Month filled DECEASED OF DEATH (Type or print) Ozark James Sipes July S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF JINDER 1 YEAR IT JNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Days 5-20-1886 DIVORCED [WIDOWED K 10o. USJAL OCCUPATION (Give kind of work done done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Handyman Furniture Store Missouri 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Preston Sibes Does not know 15 WAS DECEASED EVER IN J. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Cullen. Md. Register Victor Cullen State Hospital No INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart disease 420.0 IMMEDIATE CAUSE (0) Conditions, if ony, which Several (b) gave rise to immediate DUE TO years. couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO F Tulmonary tuberculosis ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING I (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work p. m. 21 I certify that (1) (this hospital) attended the deceased from. 3-7-1961 to 3-7-7-21, 1961, that (I) (we) last 19 61 and that death occurred at 2.25 from the course and on the date stated above. sow the deceased alive on. 22a S GNATUR S GNED ATTENDING M D DIRECTOR Z 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Michael G. Victor Cullen State Hospital, Callen, Md. 230 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Siloam Methodist 27,1961 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR DATEJUL 2 7 '61 willing of theres ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 7997 Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY filed b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOYIN (If outside corporate limits, write RURAL and give nearest town) ě RURAL and give negrest tawn) 70 d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO T 4. DATE NAME OF First Middle Lost Month Day Year DECEASED DEATH (Type or print) 19/0 8 DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED last birthday) Months Doys Hours WIDOWED 17 DIVORCED | W 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? maru 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 9 72 hours 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) CERT 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg , etc.) While Hour a.m. Not while of work ot work اط للك 21. I certify that I attended the deceased from . 19____that I last-saw the deceased alive an and that death occurred at_ AM, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State) poge REMOVAL (Specify) O 01 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240/ REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Crew L. Trans JUL 1 VS A1S (4) ISM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 67990 CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a COUNTY g. STATE **b. COLINTY** MARYLAND funeral C LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) PAUL SLIK d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES A NO . = 4. DATE NAME OF First Month Day Year filled DECEASED DEATH (Type or print) 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years 5. SEX 6 COLOR OR RACE last birthday) Months. Days WIDOWED [7] wes. 10g USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None None 13. FATHER'S NAME 14 MOTHER'S physicir 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT [If yes, give war or dates of service] NO Donald M. Smith Thurmont, Md. RD 2 None attendi INTERVAL BETWEEN ONSET/AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO é Candifions if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PEREMRMED? NO [200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) 20d. INJURY OCCURRED (State) Day, Year (County) factory, street, affice bldg., etc.) Haur a m While Not while at wark at wark __ 19_1 that (I) (we) last 21 1 certify that (1) Nhis hospital) attended the deceased from. and that death accurred attemption, from the causes and an the date stated above saw the deceased alive an RECTOR 220 SIGNATO 22b DATE SIGNED M D PHYS MED DIRECTOR Board 22c PHYSICIAN'S **ADDRESS** pluous ō TO FUNERAL I 23g BURIAL CREMATION. DATE THEREOF 23c NAME OF CEMETE OR CREMATORY 23d LOCATION (City town, or county) BYNY (Profy) 7-6-61 Bethel Church ofCascade. Maryland God 24 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Thurmont, Md. DATE JUL 1 0 '61 VR A15 (4) 15M 9/59



	P		7990	CERTIFICA	ATE OF DEATH	Reg. Dist.	No.07991
the funeral director, should be filed with	M		PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where doce o STATE	b. COUNTY	before admission)
d be fi		T 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	LENGTH OF STAY IN 16		proprote limits, write RURAL and give	e nearest town)
the fu	4		d NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION	dress)	d STREET ADDRESS	Q - 1	15 RESIDENCE ON A FARM? YES NO NO
9	,		NAME OF DECEASED First DECEASED	Middle	Losi 4. DA	h 0	Day Yeor
Poges 1	T		(Type or print) A C	ATHERIN	B DATE OF BIRTH		REAR IF UNDER 24 HRS
ers.		100	J W WIDOWED		Nov. 5, 1887	5/3 yn.	oys Hours Min.
6			USUAL OCCUPATION (Give kind of work done 10b. K!) during most of working life, even if retired) FATHER'S NAME	n Fume	Mary Low	de U	S, A.
		L	William Wild	ers	Sarah m	riller	
ng physici remove 72 hours		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC 17. No. or unknown) 17. Yes, give wor or dates of service) 18. A 18.	CIAL SECURITY NO. 17.	n Hon H Swith	Address Oc. 50 1 Chiller	Que Front
tending please re vithin 72		F	18. CAUSE OF DEATH Enter only one couse per line	for (o), (b), and (c).	in the same	1	INTERVAL BETWEEN ONSET AND DEATH
he of hen p		L	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Output Due to	REBARL AR	TRRIOSCEEROSIS		8 YEARS
d by c			Conditions, if ony which) (b) 144	PERTENSIVE	ARTERIOSCLERO	TIC HEMRT DISE	MIE GYBAR
an. signed sit perm nd in o			gove rise to immediate couse (a), stating the under- lying couse lost.				
ng physician e has been s buriof-tronsit	į.	CATION	PART 11 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO BY
icote licote line but	. /	CERTIF	200 ACCIDENT WAS UNDERLYING [20b. DESCR OR CONTRIBUTING [CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1 or	Port (I of item 18.)	
ol or ofte this certif r use as l emotion,		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INST Hour o. m. 19 While of work [Not while fo	ACE OF INJURY (Home, farm, 20f, ictory, street, office bldg , etc.)	(City or town) (Cou	unty) (Stote)
After 1 After 1 ed for iol, cr			21. I certify that I attended the deceased		, 1960, to 7		st saw the deceased
TOR: Jetoch de bur	- 1		alive on	L, and that death		rom the causes and on the \$ (Street, city or town, stole)	date stated above. DATE SIGNED
d be opion	1		SIGNATURE CIRCUREL C. E	Eyprolees,	M.D. ,		1/25/61
Shaw stror			PHYSICIAN'S RICHARD C. R	EYNOLDS			
moy be FUNEI page 3 the regi		220	REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY 22d LC	OCATION (C'ty, town or county)	(Stole) MD,
YS A15 (4)	**	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS V	240. REC'D BY RED DATHIL 27	GISTRAR 24b. REGISTRAR'S SIGN	ATURE
15M 9/55			VICE POUCON, Wa	1 constile	INANA DYAMIT		

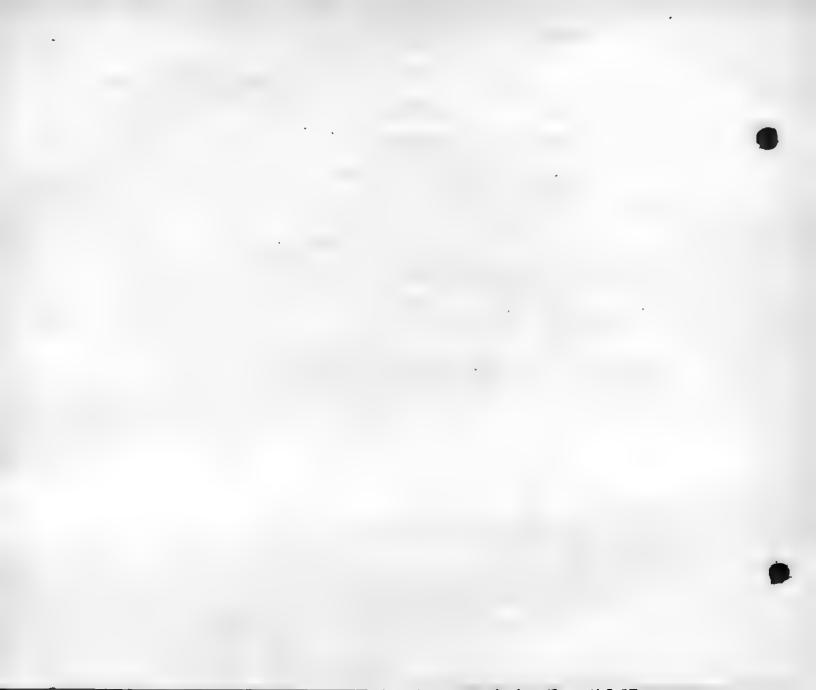
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH director 1. PLACE OF DEATH o. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 be RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL NAME OF DECEASED (Type or print) 7. MARRIED NEVER MARRIED 5. SEX WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) mast of working I fe even if retired) 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY SARcomA IMMEDIATE CAUSE (a) **DUE TO** permit. Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the under-COMPLETE BLOCK lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED Hour a.m. While Nat while at work at work 21 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 22a S GNATURE M.D PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 235 DATE THEREOF 230 BURIAL CREMATION. DATE

15M 9/59

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO 4. DATE Month OF DEATH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Manths 12 CITIZEN OF WHAT COUNTRY? (1. S.A 14. MOTHER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH ARTERIOSCLEROTIC HEART DISEASE WITH WAS AUTOPSY PERFORMED? YES I NO I 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) factory, street, office bldg., etc.) 19. (a.), that (1) (we) last 1961, and that death accurred at 12. M, from the causes and on the date stated above MED DIRECTOR REDERICK 23d. LOCATION (City lown, or county) 256 REG STRAR'S SIGNATURE Calling S. Kraus



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY h. COUNTY FREDERICK MARYLAND FREDERICK MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporele I mits. c. LENGTH OF STAY IN 15 write RURAL end give neerest town) FREDERICK d NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS e. 15 RES DENCE ON A FARM? FREDERICK MEMORIAL BLOOMSFIELD YES NO VE NAME OF M ddle DECERSED DEATH (Type or print) S. COLOR OR RACE 7. MARRIED WEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED [USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, fary, which gave rise to immediate ceuse DUE TO (e), stelling the underlying NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part I or Part II of item 18.] 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED . 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from; Natural causes Accident Surcide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country 226, BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) 240 p DURIAL 240. REC'D BY REGISTRAR 24b. REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	UBUZ	CERTITICA	TE OF DEATH		· ·	37997
1	PLACE OF DEATH 6. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If ins		efore admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL) and give nearest town	C LENGTH OF STAY IN 16	Burkitts	tside corporate limits, w	rite RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in haspital give stree OF INSTITUTION	to address) - 1	d. STREET ADDRESS	duch ?	73.1	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) The successful of the successful	Middle	Stant	4. DATE OF DEATH	Month 2	Day Year 196/
	D 2 3 3	RRIED NEVER MARRIED DIVORCED DIVORCED	5/24/18 ⁷⁷⁹	9 AGE (In y lost birtho	yrs Months Day	
	during mast of working life, even if retired)	own home	Maryland	r roreign country;	an	OF WHAT COUNTRY
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
	Charles Slifer 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 You, no. or unknown) . (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17, II	Anna Ga	ins	Address	
	no 4	none //	W. H. B. Wh	to Level	in Adda	t God.
	1B. CAUSE OF DEATH { Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b) and (c).]	myscar	Lites		NTERVAL BETWEEN
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.	arterio	Delerso	is		3 ym.
TATION.	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	N GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
CEDTIC		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ert I ar Part II of item 18	3.)	
14700744	20c. TIME OF INJURY Manth, Day, Year 20d While P. m. 19 at we		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Coun	oty) (State
	21. I certify that (I) (this hospital) after saw the deceased alive on fully	1//1	fall 194	M. to fully		that (I) (we) los ate stated above
	220 SIGNATURE STATISTICS	ine		STAFF PHYS		Ouly Signer
	22c PHYSICIAN'S H.F. KIIN	E M.D.	Tride	rick	Merly	land
2	30 BURIAL CREMATION, 236 DATE THEREOF PERMOVAL (Specify) 7/7/1961	23c NAME OF CEMETERY C	le Cemetery	Buckton (City, 16	177	(State)
5	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS [iddletown, M	250 REC'D	BY REGISTRAR 256	REGISTRAR'S SIGNA	TURE



executed

ARYLAND STATE DEPARTMENT OF HEALTH



1	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST			8004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 07996
HEALIH	DEPT.		COUNTY Frederick MARYLAND STATE Maryland 6 COUNTY Frederick
ssory. Plactor. From File	M	b	c. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest lower) ond give nearest fown) W. Gry R. 4 ULON W. Gry R. 4 ULON W. Gry R. 4
is nece	X	0	I. NAME OF HOSPITAL OR INSTITUTION (If not in hipspital, give street address) d STREET ADDRESS e IS REJIDENCE ON A FARM? YES NO DE
the function in the Starter deat	3		NAME OF DECEASED Type or print) Charles Kenneth Thomas DEATH July 15 1961
h, if or id 3 to 5 may b 2 with 1 tours off		5. 5	male White WIDOWED DIVORCED JUNE 10, 1899 62 yrs. Months Days Hours Min.
1, 2, an Page 1 and hin 72 h			USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? When played Instruction Country 12 CITIZEN OF WHAT COUNTRY? When played Instruction Country 12 CITIZEN OF WHAT COUNTRY?
Poges a PM3. poges			Harry S. Thomas 14. Mother's Maiden Make & R. akehuret
in 24 h			WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 10. OF UNINDON) 11 year, give wor or dates at services 15 78-30-4865 Inscrince Direction Whaty RD4
Item 18 alang v it perm			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
ncil in Office 3l-trans			353.3 DUE TO Conditions, if ony, which) (b) Exhibitions Years
in penind by in peninder's a buria			gove rise to immediate cause (a), stating the underlying cause last. (c)
ficate si pending tol Exar used as		CTION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
word "g word "g f Medic uld be urial, c	C	L CERTIFI	200 EXTERNAL CAUSE WAS PRIMARY (] OF CONTRIBUTING (] CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18)
NER: The ng the he Chie		MEDICAL	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bidg., etc.) 4 Caunty (County) (State) 4 Caunty (County) (State) 5 Caunty (County) (State) 6 Caunty (County) (State) 7 Caunty (County) (County) (State) 7 Caunty (County) (County) (State) 7 Caunty (County) (County) (County) (State) 7 Caunty (County) (Co
EXAMI e, writi led to t DR: Pag ent, pri	7		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🛣, and in my opinian death resulted fram: Natural causes 🗹. Accident, Suicide, Homicide, Undetermined manner
Thical The Standard Street of the Street of			ACTUAL BOTTESONED M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
UTY AL			EXAMINER'S B.C. JEONICS ASSISTANT MEDICAL EXAMINER 7/15/64
execut 4 show O FUN	je .	220	BURIA. CREMATION 226 DATE THEREOF 220 NAME OF CEMPTERY OR CREMATORY (22d LOCATION (City, tops, or equally) Store (Store) Survey 17,1961 Store Washington Cemelly adelphic, In. Sec. Co. Mil.
VS A15ME 5M 2/57		10	FUNEBAL DISECTORS SONATURE SUTTHER WALLEY 254 CANAUL AL XVI D. C. DATE JUL 17'61 O ELM 3. Kraus



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

8005

07997

1	1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W			dence befare a	imission)				
И	Freder	Lck	MARYLAND	Mary!	land	b. COUNTY F	rederic	k				
	b CITY OR TOWN (If outside cor RURAL and give negrest town)	porate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Freder	Lek	Lifetime	Frede	erick							
	d NAME OF HOSPITA, It's not in	parautal give street	oddress)	d STREET ADDRESS			e IS	RESIDENCE ON A FARM?				
II	or institution Freder:	lck Memori	al Hospital	308 1	North Col	lege Park	way YE	S NO X				
Ì	3 NAME OF	First	Middle	Lost	4. DATE	Month	Day	Year				
-	DECEASED (Type or print)	Grace	G.	l'homas	OF DEATH	July	9,	19 61				
	S SEX 6 COLOR	OR RACE 7. MARR	IED X NEVER MARRIED	8 DATE OF BIRTH	9 AC		DER 1 YEAR IF L					
	Female Whi:	6	7 yrs. Month	ns Doys Ho	ours Min.							
ı	100 USUAL OCCUPATION (Give kin	d of work done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country	12.	CITIZEN OF WH					
	during most of working life, eve Housewife	i ii reiiredi	None	Frederick, Maryland U.S.A.								
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			-				
-	William Ganno	William Gannon Alice Buckles										
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. or unknown) (If yes, give war or dates of service)										
	No -	or adiat or service	None Mr.	J. Samuel Th	omas 308	N. Colleg	e Pkwy	Fred.Md				
	18 CAUSE OF DEATH [Enter of	only one cause per lin	ne for (o), (b), and (c) }	r .				L BETWEEN				
	PART I. DEATH WAS CAUSED BY:											
	IMMEDIATE CAUSE (o) Cristal Harm Court											
	Condition of a State of the sta											
	gave rise to immediate											
	lying couse ost.											
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19 WAS AUTOPSY											
	PERFORMED? YES \(\sum \no \overline{\sum} \)											
	PART II OTHER SIGNIFIE 200. ACCIDENT WAS UNDERLY	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH										
	(IF EITHER, NOTIFY MEDICAL E)	(IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c TIME OF INJURY Manth,			LACE OF INJURY (Home, fare	m, 20f (City or to	wn)	(Caunty)	(Stote)				
	Hour o m.	Hour o m. While Not while foctory, street, office bldg., etc.)										
	21 I certify that (1) (this haspital) attended the deceased fram. Incl. 8, 1961, ta July 9, 1961, that (1) (we) last											
П	saw the deceased alive											
	220 SIGNATURE	22b. DATE										
	M. a.	M. J. SIGNED MED DIRECTOR STAFF SIGNED										
	22c PHYSICIAN'S NAME (Type)											
		Dr. A. Austin Pearre M.D. 4 East Church Street Frederick, Md.										
	23a BURIAL, CREMAT ON, 23b. DA	TE THEREOF	23c NAME OF CEMETERY			(City, town, or coun		(State)				
	REMOVAL (Specify)	12-1961	Mt. Olivet	Cemetery	Freder	ick, Mary	land					
	24 FUNERAL D RECTOR'S S GNATU	E / /	ADDRESS	25g. REC	D BY REGISTRAR	29b. REGISTRAR'S	SIGNATURE					
	Robert E. Daile	y & Son	Frederick,	Maryland DATIUL	1 3 '61	Cathur &	Thus					



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

8005 CERTIFICATE OF DEATH

	PLACE OF DEATH O. COUNTY					2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)							
	Frederick					Maryland b. COUNTY Frederick							
	b City Or TOWN (if outside corporate limits, write RURAL and give nearest tawn) Frederick			LENGTH OF STAY IN 16		1/	own (if a		orote limits, write	RURAL ond giv	e nearest to	wn)	
٦ŀ	d NAM	E OF HOSPITA	L (If not in hospital, s	give street			d. STREET A		Z JUN			e. IS R	ESIDENGE .
	Frederick Memorial Hospital)	605 W	est Pa	atrick S	it.		A FARM? NO K	
Ī	3. NAME OF DECEASED (Type or print) Motter		Middle		Lost 4. DATE Month Doy					Doy	Yeor		
-			Motter		Conner		Thomas	homas		July	· 2lst		19 61
Ì	S SEX		6 COLOR OR RACE	7- MARI	RIED X NEVER MA	D X NEVER MARRIED B. DA		1		9. AGE (în yeor lost birthdoy)			
	Male White WIDOWED			ED DIVO	RCED 🔲	Octobe	r 23-	1901	59_yr		ays Hour	s Min.	
	10a JSLAI during	OCCUPATION	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHPL	ACE (Slote	ar fareign c	ountry)	12 CITIZE	N OF WHAT	COUNTRY?
		Accoun			itility Co	mpany	Mar	yland			U.	S.A.	
X	13. FATHER	'S NAME					14. MOTHER'S	MAIDEN N	VAME				_
	Cl	Clinton C. Thomas					Mar	y E.	Thoma:	s			
1	15. WAS DI		IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17, IN	FORMANT			Ac	idress		
			yat give out or action of	2	274-10-240	61 Mr	s. Motte	r C.	Thoma	s- Frede	rick- h	d.	
	18. CA	AUSE OF DEAT	H [Enter only one co	ouse per li	ne for (o), (b), and	{c}.}						INTERVAL ONSET AN	
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	0)		1-2 84	oma					16%	Mont
		1 / A G DUE TO											
	Cond	Conditions, if any, which } (b)											
		rise to im	imediate (
		cause (a), stating the under DUE TO lying cause last. (c)											
	Z -												
-	FICATION	PERFORMED? YES NO I											
-1		200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH											
G (IF EITHER, NOTIFY MEDICAL EXAMINER)													
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to twork of work of									unty)	(Stote)			
	Hour a.m. While Not while foctory, street, office bldg., etc.) p. m. While Not while of work of two or work												
	21 1	21 1 certify that (1) (this haspital) attended the deceased from 3/11 1960 to 7/9/1, 196/, that (1) (we) last										(we) last	
saw the deceased alive an 2/21 1961, and that death accurred at 12/15, From the causes and on the date sta									date state	d abave			
	22a S	GNATURE	7 17	Ô	0		22b, DATE						
			(Kide	Cres	ven.	eu M		M.D. ATTENDING MED. STAFF PHYS D					
	22c PHYSICIAN'S NAME (Type)			•		22d. ADDRESS							
		Dr. L.R. Schoolman					810	LOTT	House	AveFI	ederick	- Md.	
	23a BLRIA	L, CREMATION	4, 23b. DATE THERE	OF	23c NAME OF C					TION (City, town	* _		ate)
		REMOVAL (Spec.fy) Purial July 24-1961 Mt. Olivet C				ivet C	emetery		Fr	ederick-	- 4		
	24 FUNERA	DIRECTOR'S	SIGNATURE	d Sor	ADDRESS	ick- M	a.		D BY REGIS		GISTRAR'S SIGN		
	Robt. E. Dailey and Son-Frederick- M						DATE JU	IL 26 '6	of C	Irthur S. 1	traud		



ATTENDING F by the hospita CTOR: After th may be ret VS A15 (4) 15M 9/5B

C.E.HICKS

Reg. Dist. No.

e. IS RESIDENCE

ON A FARM? YES NO

Year

19 61

Frederick

Months

Day

12. CITIZEN OF WHAT COUNTRY?

Days

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

U.S.A. Frederick. Md. Timpson-167 W. All Saints INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) 1967, that I last saw the deceased M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote 22d LOCATION (City, town, or county) Frederick-Co.Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Frederick. Maryland JUL 1 7 '61 arthur & Krous DATE



	8008	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 08000
1. PI	LACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where g. STATE	deceased lived. If instit b. COUN	tution: Residence before admission)
b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Emmitsburg	c. LENGTH OF STAY IN 16 5 years			e RURAL and give nearest fown)
d	NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 535 West Main Street		d. STREET ADDRESS	10	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\overline{\ov
D	AME OF First ECEASED (Print) Carrie	Middle May	Warner 4.	DEATH July	
5. SI Per	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 28, 1874	9. AGE (In year lost birthday	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) HOUSEWIIE	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote or f		12. CITIZEN OF WHAT COUNTRY
13. F	Luther A. Horine		Susana R. S		
15. V (Yes,	VAS DECEASED EVER IN U. S. ARMED FORCES? 16, no, or unknown) {If yes, give war or dates of service) NO	None	GOLLIER J	House	ddre535 West Main St Emmitsburg, Md.
CATION	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS (c)	rilerus cle CONTRIBUTING TO DEATH BUT	rote lander	Vas disso	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDSY YES NO S
CERTIFI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port	I ar Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour a. m. 19 While of wor	Not while fo	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (State
	21. I certify that I attended the deceosalive on July 27 , 196	-/ // 1/	ADI	/	that I last sow the deceose ond an the date stated obove mn, state) DATE SIGNE
	PHYSICIAN'S Dr. W. R. Cadle		Emmitsbur	g, Maryland	1
	BURIAL CREMATION. 2b. DATE THEREOF REMOVAL (Specify) BURIAL JULY 31,1961	22c. NAME OF CEMETERY OF Bethel Ceme	tery		ederick Co. Md.
	UNERAL DIRECTOR'S SIGNATURE	ADDRESS		Y REGISTRAR 24b. RE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

- 17 Jano man 1782 Vinos . .

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 08001 CERTIFICATE OF DEATH directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY filed MARYLAND 41212026 funeral old be fi CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) should REDER e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION FFALL YES NO 4. DATE NAME OF Middle Month Dov Year DECEASED DEATH 1960 (Type or print) death B. DATE OF RIGHT 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours DIVORCED WIDOWED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) ond bon 72 hc NONE NONE 13. FATHER'S NAME physician 4 remove cart vent, within 7 Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT aftending 11/0 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO by Conditions, if any, which permit gned gove rise to immediate **DUE TO** couse (a), stating the underbeen si lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation, PERFORMED? hos 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) buriol, 00 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (Stote) Doy, Year use ta bi foctory, street, office bldg., etc.) Hour a. m. While Nat while After this ot work ot work p. m. for . 196 [, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an a and that death accurred at M, fram the causes and an the date stated above RECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. MED. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS pino NAME (Type) 1. HELDRICH O FUNER page 3 the State BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (Stole) **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 161 VR A15 (4) 15M 9/59

requires that the death

